

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8813

Do not use this space.

2402

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 3045 Rolla Place St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 4 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Carl Burgdorf 623
(a) Residence, No. 3045 Rolla Place St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby of Henry Burgdorf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Henry Burgdorf
14. BIRTHPLACE (CITY OR TOWN) Alma (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Florence Rothenhaber
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Henry Burgdorf (ADDRESS) 3045 Rolla Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Cem. DATE Fri. Mar. 11 37

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N 20th St.

20. FILED MAR 10 1938 J. P. Brudeck (Address) 4244 W. Florissant
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8th 1938 to March 8th 1938
I last saw him alive on 3/8, 1938. Death is said

to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset 3/7/38
110

Other contributory causes of importance:
Throat infection, La Grippe, Bronchopneumonia, from birth.

Name of operation (Examination) Date of no
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) afes Thea Toaler, M. D.

(Address) 4244 W. Florissant

WRITE PLAINLY, WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)