

APR 17 1939

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

9416
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Town Fair Primary Registration District No. 1002
 (c) City St. Louis (d) Street No. 909 Troost Registered No. 1022 St.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 639
 2. PRINT FULL NAME John W. Burdick
 (a) Residence, No. 909 Troost St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosal Burdick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-12-1879
 7. AGE YEARS 59 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as saw mill, bank, etc. Self
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME David Burdick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Bruce Burdick
909 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE Mar 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. P. Doehler
1415 East 15

20. FILED Mar 7 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1939
 22. HEREBY CERTIFY, That I attended deceased from Feb 6 1939, to March 6 1939
 I last saw him alive on March 6 1939. Death is said to have occurred on the date stated above, at 29 m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
pernicious anemia
 Date of onset 31
 Other contributory causes of importance:
Chronic myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Harry W. Dwyer M. D.
 (Address) 1401 Prospect Kc Mo.

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.

I X1402B

1401 Grossfield

410 2812

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.