

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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.

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jennings  
(c) Name of hospital or institution: Elms Convalescent Home  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 2 Days  
In this community About six years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4012 Council Grove  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? About 60 years

3. (a) PRINT FULL NAME Bertha Burdzy  
(b) If veteran, name war no  
(c) Social Security No. none

4. Sex Female race White  
5. Color or divorced Widowed  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Burdzy  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Mar. 28, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 9 29 hr. min.

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business 6  
12. Name John Lange  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Bengerska  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thelma Burdzy  
(b) Address 6219 Lexington Ave

17. (a) Burial (b) Date thereof Jan 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodrich Goodrich  
(b) Address 2228 St. Louis Ave

19. (a) JAN 29 1940 (b) R. M. Mixer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 1940 hour 7 minute 15 P. M.  
21. I hereby certify that I attended the deceased from 1-17-40 to 1-26-40  
that I last saw her alive on 1-25-40 and that death occurred on the date and hour stated above.

Immediate cause of death Chy. Megalocytosis Myocarditis  
Cardiac failure  
Carcinomatosis & metastases to  
bone & lungs  
Due to Carcinoma of breast (prim)  
operation & remission Jan 1939  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 50  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) -  
(b) Date of occurrence -

(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Yes

While at work? no (Specify type of place) Means of injury -

23. Signature George M. Lovelace (M. D. or other)  
Address 90 St Louis Co High Date signed 1-30-40

SEP 9 1941

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**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

*Charles Goodhart*

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.**