No. 2
-1-4-41
5-1
FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26785

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6577

1000
17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4105 Fairgrounds Place.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Since Birth. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis, 101
(If outside city or town limits, write "RURAL")

(d) Street No. 4105 Fairgrounds Place.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Bullerdick.

3. (b) If veteran, name war None.

3. (c) Social Security No. 491 14 7368.

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Lena.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June. 17, 1864.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	23	hr. min.

9. Birthplace St Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business National Candy Co.

FATHER
12. Name Gerhardt Bullerdick.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Bullerdick.
(b) Address 4105 Fairgrounds Place.

17. (a) Burial. (b) Date thereof Aug. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.

19. (a) AUG 12 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 9, day 9,
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 31, 1941, to Aug 9, 1941
that I last saw him alive on Aug 9, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Acute Attack.	10 da
Due to: Myocarditis & Endocarditis Chr.	2 yr
Due to: Nephritis	4 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No.
Of autopsy No.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. O. Peeler (M. D. or other)
Address 2105 N. Florissant Date signed 8/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Burkhe

Licensed Embalmer No. 2110

P. O. Address St. Louis, M

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

If this body is not embalmed, fact should be so stated above.