

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25225 ✓

State File No. _____

FILED JUL 27 1942

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1496

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maryland Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Plum and Grape Avenues /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maryland Heights
(If outside city or town limits, write "RURAL")
(d) Street No. Plum and Grape Avenues
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 12 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Chronic Myocarditis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes

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? _____

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

23. Signature Miss H. G. G. G. G. (City or town) _____
Address Kirkwood, Mo. Date signed 7/13/42

3. (a) PRINT FULL NAME Charles Burdock

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Dec. 12 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Un-employed

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ethel B. Burdock

(b) Address Maryland Heights, Mo.

17. (a) Burial (b) Date thereof 7-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blumberg Bros Inc

(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) JUL 13 1942 (b) G. Mc (Date received local registrar) (Registrar's signature)

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

96
0
0

96
0
0

5

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Mo

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; fact should be so stated above.