

REG JUL 27 1942
Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH, ST. FERDINAND TOWNSHIP
 (a) County ST. LOUIS COUNTY
 (b) City or town BLACK JACK
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 61 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County 060
 (c) City or town ST. LOUIS 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1440 O'BEAR AVE 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANK R. BURG DORF
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 498-10-8250

20. DATE OF DEATH: Month July day 16 year 1942 hour 11:30 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.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife CHARLOTTE BURG DORF 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased DEC 15 1880
 (Month) (Day) (Year)

Immediate cause of death Natural causes. Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>1</u>	hr. _____ min. _____

Due to Arteriosclerosis of aortic arch basilar arteries, marked;
 Due to Fatty infiltration of liver, slight.

9. Birthplace ST. LOUIS MISSOURI
 (City, town, or county) (State or foreign country)

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

10. Usual occupation ELECTRICIAN

Major findings: Of operations _____

11. Industry or business PUBLIC-SERVICE CO.

Of autopsy Yes.

12. Name CHRISTOPHER BURG DORF
 13. Birthplace UNKNOWN MISSOURI
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name JULIA LEBER
 15. Birthplace UNKNOWN MISSOURI
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Charlotte Burgdorf
 (b) Address 1440 O'BEAR AVE. ST. LOUIS MO

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

17. (a) BURIAL (b) Date thereof JULY 18-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature Kevin H. Boynton (M. D. or other)
 Address Kirkwood, Mo. Date signed 7/17/42

(c) Place: burial or cremation RIEDEL'S C.E.M.

18. (a) Signature of funeral director Suedmeyer & Sons
 (b) Address 2934 N. 30th St. St. Louis Mo.

19. (a) JUL 17 1942 (Date received local registrar)
 (b) E. R. McNamee (Registrar's signature)

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..... *Alfred J. Boediker*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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.