S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 28586

Registrar's No. 7564

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6215 Wanda Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Russell C. Burgdorf

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 6, 1925 (Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Charles H. Burgdorf
13. Birthplace Alma Wisc. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Goeke
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Louise Burgdorf
(b) Address 6215 Wanda

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) SEP 10 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/5, 1942 to 9/9, 1942 and that I last saw h. alive on 9/8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute appendicitis	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: General peritonitis
Of operations: Acute appendectomy
Of autopsy: None

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)

(e) Means of injury

While at work?

23. Signature [signature] (M. D. or other) M. D.

Address 818 Olive St. Date signed 9/10/42

(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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.