. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 31731

Registrar's No. 8382

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:
5825 Hodimont Ave /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis 77
(If outside city or town limits, write "RURAL")

(d) Street No. 5825 Hodiamont Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George H. Berdolt

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Reed Berdolt

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

7. Birth date of deceased June (Month) 30th (Day) 1867 (Year)

8. AGE: Years 75 | Months 3 | Days 7 | If less than one day hr. min.

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

10. Usual occupation Retired Stove Worker

11. Industry or business

FATHER
12. Name Henry Berdolt
13. Birthplace St. Charles (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Bucher
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Marie Berdolt
(b) Address 5825 Hodiamont Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) Oct 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1942 hour 7 minute 50a M.

21. I hereby certify that I attended the deceased from 9-22- 1942 to 10-7- 1942 that I last saw him alive on 10-7- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10/7/42
Due to Myocarditis, Chr.	
Due to Hypertension, Malignant	
Other conditions Arteriosclerosis, Gen. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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)
While at work? (e) Means of injury

23. Signature Nicholas S Vitale (M. D. ~~or other~~) 0
Address 3861 St Louis Ave. Date signed 10/7/42

(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. [illegible]

Licensed Embalmer No. 2265

P. O. Address 46 [illegible] Bridge [illegible]

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.