V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8135

State File No.

Registration District No. FILED APR 3 1943 8

Primary Registration District No. 1003

Registrar's No. 2823

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: Mo. Baptist Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 72 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Florissant Station R 1 (If outside city or town limits, write "RURAL") NR

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

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

If yes, name country /

3. (a) PRINT FULL NAME William Burgdorf

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White O

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

6. (b) Name of husband or wife Sophia Burgdorf

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept. (Month) 15 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Black Jack (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Farmer

11. Industry or business

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

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

16. (a) Informant Sophia Burgdorf

(b) Address Florissant Station R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Luth. Cem.

18. (a) Signature of funeral director Diedrich Funeral Dir.

(b) Address 8319 Halls Ferry Rd.

19. (a) (Date received local registrar) (b) J. F. Dedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1943 hour 6.30 minute A. M.

21. I hereby certify that I attended the deceased from October 27, 1938, to March 23, 1943 that I last saw him alive on March 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3/19/43
Hemiplegia - Right Side.	"
Due to Arteriosclerosis - Gen.	yrs 5+
Chronic myocarditis. Adv.	" 5+
Due to Hypostatic Pneumonia -	2 Days

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

Of autopsy

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. J. Hellrung (M. D. ~~or other~~)

Address 8321 No Bdway Date signed 3/24/43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.