

FILED DEC 9 1943 18

State File No. 10411
Registrar's No. 10411

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours 0
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Bullerdieck

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Louis Bullerdieck

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: July 10 1875
(Month) (Day) (Year)

8. AGE: 68 Years 4 Months 16 Days
If less than one day hr. min.

9. Birthplace: Wright City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Wernex

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

14. Maiden name Unknown

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

16. (a) Informant Louis Bullerdieck

(b) Address 2322a Dodiers St.

17. (a) Burial zions Cemetery
(Burial, cremation, or removal)

(b) Date thereof 11-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation zions Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2225 St. Louis Ave.

19. (a) Nov 29 1943 (b) J. J. Bredek
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

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

(d) Street No. 2322a Dodier St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1943 hour 3:45 minute 0 P. M.

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

Immediate cause of death _____

Due to Cerebral Apoplexy

Due to _____

Other conditions 83a1
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 11-27-43

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

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 Homer L. Pender

Licensed Embalmer No. 2367

P. O. Address. 2223 St. Louis ave

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.