

**FILED MAR 5 1945**  
Registration District No. 077

Primary Registration District No. 6076

Registrar's No. 487

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

1. PLACE OF DEATH:

(a) County St Louis  
 (b) City or town Lambert Field  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
U.S. Naval Air Station  
(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

3. (a) PRINT FULL NAME Kenneth Herman Burgdorf

3. (b) If veteran, name war World War 2 3. (c) Social Security No. None

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 July 22 1926  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>6</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation Apprentice pressman U.S.N.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman A. Burgdorf  
 13. Birthplace Nelson Wis.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Helen Anderson  
 15. Birthplace Nelson Wis.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman A. Burgdorf  
 (b) Address 1952 Whitnell St Louis, Mo.

17. (a) Removal \_\_\_\_\_ (b) Date thereof 2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Nelson, Wis.

18. (a) Signature of funeral director Louis H. Bopp, Inc.  
 (b) Address 131 W. Argonne D. Kirkwood, Mo.

19. (a) FEB 20 1945 (b) E. J. McConaughy  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 077  
 (c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1952 Whitnell St  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
 year 1945 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. l. m. alive on Feb, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
mastoiditis, cardio respiratory failure under anesthesia during surgery.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Duration  
10 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged asthma

Major findings: Mastoiditis, 1945  
Of operations with extension  
 Of autopsy mastoiditis with extension into surrounding

22. If death was due to external causes, fill in the following: acc

(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) \_\_\_\_\_  
 (c) Means of injury \_\_\_\_\_

Signature J. Michael (M. D. or \_\_\_\_\_)  
 Address St. Louis, Mo. Date signed 2/17/45

**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..... *Felix Hurand* .....

Licensed Embalmer No. *3034* .....

P. O. Address *Kirkwood mo* .....

**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.**