

No. 2  
5-17-39  
X47070

FILED FEB 10 1947 318  
Registration District No.

Primary Registration District No. 1003

State File No. 28000  
Registrar's No. 1027

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 (Dead upon arrival)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 2 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry H. Burdsall

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 29, 1982  
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 30 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9: Birthplace New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

12. Name Unknown

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

14. Maiden name Elizabeth Boone

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

16. (a) Informant Mrs. Bessie Moeller

(b) Address 616 S. Fillmore, Kirkwood

17. (a) Cremation (b) Date thereat 1/30/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crem

18. (a) Signature of funeral director Louis H. Popp, Inc

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) JAN 31 1947 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")

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

(d) Street No. Unknown  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1947 hour \_\_\_\_\_ minute 25 M.

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

Immediate cause of death Chronic Pulmonary Duration \_\_\_\_\_

Due to Dehydration

Due to Chronic Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1/3/47 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 Patrick S Taylor (M. D. or other) 3

Address Deputy Coroner Date signed 1-29-47

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

*M...*

**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 Shreund*.....  
Licensed Embalmer No. *3034*.....  
P. O. Address... *Kukuwood (2317)*.....

**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.**