

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED APR 8 1947 STANDARD CERTIFICATE OF DEATH

10628

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3220**

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:
3400 So. Grand Ave. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3400 S. Grand Ave
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Permelia Burdett

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased July 17 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 47 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1945 to March 25, 1947 that I last saw her alive on Feb. 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>8</u>	<u>8</u>	hr. min.

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

Due to Age & Persecutions Oklahoma

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Grossman

13. Birthplace Red Bud Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Fate Breckenridge

15. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Grossman

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 3-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo.

18. (a) Signature of funeral director H. S. Dwyer

(b) Address Festus Mo.

19. (a) MAR 26 1947 (b) H. S. Dwyer
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 93

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 Q

23. Signature H. L. Medsker, M.D. (M.D. or other)

Address Festus Mo. Date signed 3/25/47

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

Walter G. Hopp

Licensed Embalmer No. 2971

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.