

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34604

State File No.

FILED OCT 9 - 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2536

1. PLACE OF DEATH a. CITY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Ferdinand TWP</u>	c. LENGTH OF STAY (In this place) <u>10 yr</u>	c. CITY OR TOWN <u>St. Ferdinand TWP</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2230 Chambers Rd.,</u>		e. STREET ADDRESS (If rural, give location) <u>2230 Chambers Rd.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES E.</u> b. (Middle) <u>BURGDORF</u> c. (Last) <u></u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 26th, 1953</u>
---	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 23rd, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>painting</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Louis Burgdorf</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Leber</u>	14. NAME OF HUSBAND OR WIFE <u>Inez Burgdorf</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-36-2513</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Inez Burgdorf,</u> ADDRESS <u>2230 Chambers Rd.,</u>
--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Ischemia</u>		<u>1 day</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u></u>		<u>Instantly</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Ventricular failure</u> <u>Peripheral Circulatory failure</u>		<u>4 yrs.</u>	<u>2 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Jan. 28, 1952, to Sept 24, 1953, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Julian S. Juszyk MD.</u> (Degree or title)	23b. ADDRESS <u>8321 No. Broadway St. Louis, 15, Mo.</u>	23c. DATE SIGNED <u>Sept 28th, 53</u>
--	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 29th, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo</u>
---	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9/28/53</u>	REGISTRAR'S SIGNATURE <u>Walter R. Stanke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

40001

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul J. Larmer*.....

Licensed Embalmer No. *470*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.