URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034668
STATE FILE NUMBER

FILED VS SEP 16 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2418

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b: 5 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1115 Bellevue Ave. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1115 Bellevue Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CHARLES Middle LEE Last BURGDORFER
4. DATE OF DEATH: Month Sept. Day 7th Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 4 1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 2 Days 3 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Electrical Engineer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles W. Burgdorfer
13b. MOTHER'S MAIDEN NAME: Boneson
14. NAME OF HUSBAND OR WIFE: Grace Burgdorfer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-07.7281
17. INFORMANT: Grace Burgdorfer Address: 1115 Bellevue Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1st Degree Heart Block
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov. 1958 to Sept 8 1959 and last saw her/him alive on Sept. 4 1959
Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Richard J. Dames MD
22b. ADDRESS: 9313 Manchester
22c. DATE SIGNED: 9/8/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 9 1959
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR: A.H. Bocklage ADDRESS: 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 9-9-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert M Murra

Signature of Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.