URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED 15 MAR 3 1960

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STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 668

ENDED

DOCUMENT St.Louis City Birth Record No. 5682

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Joseph's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN Arnold — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt.2 Box 228 Hi.141 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna — Middle Marie — Last Bullerdick
4. DATE OF DEATH: Month February — Day 26 — Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 15 1890 ~~6-9-1890~~
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Gregar Graf
13b. MOTHER'S MAIDEN NAME: Henrietta Minzel
14. NAME OF HUSBAND OR WIFE: George H.
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.: None
17. INFORMANT: George H.Bullerdick Address: Rt.2 Box228 Arnold, Mo.

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) Left Middle Cerebral Artery Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arterial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardiovascular Disease 5 yrs
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 2/23/60, to 2/26/60 and last saw her alive on 2/26/60
Death occurred at 12 55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Burnside M.D.
22b. ADDRESS: 206 W Argonne Kirkwood
22c. DATE SIGNED: 2/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb.29,1960
23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
23d. LOCATION (City, town, or county) (State): 1600 Lemay Ferry Rd.

24. FUNERAL DIRECTOR: C.Hoffmeister Mortuaries — ADDRESS: 7814 S.Broadway
25. DATE RECD. BY LOCAL REG.: 2-29-60
26. REGISTRAR'S SIGNATURE: John B. 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Linus C. Hoffmin

Signature of Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bro

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