

OCT 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29562

1. PLACE OF DEATH

County Franklin

Registration District No. 296

File No. 29562

Township

Primary Registration District No. 480

Registered No.

City Union

(No. _____) St. _____ Ward _____

2. FULL NAME Edgar Louis Birkmann

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5th 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Louis H. Birkmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gearold, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucilla A Scharf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union, Mo.
(STATE OR COUNTRY)

14. INFORMANT Louis H. Birkmann

(Address) Union, Mo.

15. Filed Sept. 22 E. A. Sturberg

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1930

17. HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to Sept 24, 1930, that I last saw him alive on Sept 24, 1930, and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

See below

CONTRIBUTORY (SECONDARY) 1192
1192 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: See below

0 DID AN OPERATION PRECEDE DEATH: no DATE OF V

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Plagues
(Signed) E. A. Sturberg, M. D.

3425, 1930 (Address) Union Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Immaculate Conception Church Cemetery Union, Mo. DATE OF BURIAL 9/25/1930

20. UNDERTAKER Union Furniture ADDRESS Union Mo.

BY W. H. Stone

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

