

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

Do not use this space.

31122

**1. PLACE OF DEATH**

97 County Saline Registration District No. 801  
Township East Bend Primary Registration District No. 6044  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louis Burfeind  
(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Winnie Burfeind</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31, 1878</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>Life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Filler of Soil</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 20, 1932</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co Mo</u>		
FATHER	13. NAME <u>Louis Burfeind</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Louise Withrock</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Edwin Burfeind</u> <u>Blackburn Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Church</u> DATE <u>Sept 11, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>R. C. Carter</u> <u>Summit Springs Mo</u>		
20. FILED <u>9-10-1932</u> <u>H. H. Ringen</u> Registrar		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1932

22. I HEREBY CERTIFY, THAT I attended deceased from June 6, 1932 to Sept 8, 1932  
I last saw him alive on Sept 7, 1932 Death is said to have occurred on the date stated above, at 4 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
1246  
925 0 / 24 B  
Other contributory causes of importance:  
Coronary Hypertrophia  
of Liver  
147

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. T. Freund, M. D.  
(Address) Emma Mo

Date of onset  
5.40  
ago

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.

SEP 30 1932

