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

Do not use this space.

File No. 15781

Registered No. 512

Registration District No. 1001

Primary Registration District No. 85

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. 1317 N 11th St St. Ward)

2. FULL NAME: Gustave Walmer Burstrom

(a) Residence, No. 1311 N 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 2 1874

7. AGE: Years 59 | Months 2 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Mo

FATHER
13. NAME: Eric Burstrom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

17. INFORMANT (ADDRESS): Mrs Julia Burstrom St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Meadeville Mo DATE: May 18, 1933

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home 1940 Calhoun

20. FILED: MAY 17 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 1933, to May 16, 1933.
I last saw him alive on May 15 1933. Death is said to have occurred on the date stated above, at 3:50 Am m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cr Myocarditis	
131	
93	
131	
Other contributory causes of importance: Ch Nephr	

Name of operation: None Date of:
What test confirmed diagnosis? Clin. 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) Frank H Konegan, M. D.
(Address) Frederick Bldg

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.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

JUN 20 1933