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 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No. 27540
Township Carondelet — Primary Registration District No. 4471 — Registered No. 77
City Webster Groves (No. 321 Edgar Rd St. ..... Ward)

2. FULL NAME Casper F. Bursmeyer
(a) Residence, No. 321 Edgar Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine W Bursmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): april 29-1871

7. AGE: 62 YEARS — MONTHS: 3 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Packing Co (Meat)
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 15

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

FATHER
13. NAME: Francis Bursmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Thomas Mo

MOTHER
15. MAIDEN NAME: Elizabeth Gerling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Thomas Mo

17. INFORMANT (ADDRESS): Geo L Weber & C. Aldrich Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Aug 4 1933

19. UNDERTAKER (ADDRESS): Parker Fund Co Webster Groves Mo

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/2 - 1 PM, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis, Chr. Endocarditis Chr. and generalized arterio-sclerosis -Coronary R. occluded near approximate. Left not entirely occluded. Stenosis of aortic valve etiology. Complete sclerosis.

Date of onset

Other contributory causes of importance:

Occlusion of s. messentery, causing gangrenous condition of about 24 inches of Ileum.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) Luke B. Turner, M. D.
(Address) 3718 Jennings Rd
Corona St Louis Co., Mo 9/3/33