JUL 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County Johnson Cy. Registration District No. 399 File No. 19674
Township Kansas City Mo. Primary Registration District No. 1002 Registered No. 2032
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ferdinand Bamersberger
(a) Residence, No. 5331 Highland Ave St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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) Wd.
5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF (OR) ~~WIFE~~ OF Dora Bamersberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 81 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Germany

FATHER
13. NAME Louis Bamersberger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Pauline Redwitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sister Camille 5331 Highland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem DATE 6/1/36 19
19. UNDERTAKER (ADDRESS) Quirk & Toben Co 20 W. Linwood
20. FILED June 1 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 19..., to May 31, 1936
I last saw him alive on May 31 1936 Death is said to have occurred on the date stated above, at 4.30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion — Date of onset
Other contributory causes of importance:
Chronic myocarditis
Name of operation ..... Date of .....
What test confirmed diagnosis? Observation 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? .....
If so, specify .....
(Signed) Paul V. Rourke, M. D.
(Address) 1402 Bryant Bldg

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

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.

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