

DEC'D JAN 20 1939

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

42205

Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 5034
(c) City Mexico, Mo. (d) Street No. R.F.D. #2 Registered No. 152
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Christina Bursch
(a) Residence, No. R. F. D. #2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Bursch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1855
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 6 25 0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul, Minn

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

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

17. INFORMANT (ADDRESS) Mrs. Geo. Mattheisen
Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood, Mexico Mo DATE 12/8/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.
Mexico, Missouri

20. FILED Dec 7 1938 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938, to Dec 6, 1938.
I last saw her alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 8:22 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
Chronic Degenerative Hypertension
?

Date of onset
Dec 6 28

Other contributory causes of importance:

Atherosclerosis
Hypertensive Condition - Renal Vascular
Arteriosclerosis (High Blood Pressure for Years)

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify None

(Signed) Harry F. O'Brien, M. D.
23 (Address) 111 E. Mineral - Mexico Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-847

Date Filed 1/17/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Chas. Arnold Jr., or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Chas. Arnold Jr.

Licensed Embalmer No. 3569

P. O. Address Mexico, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.