

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

Do not use this space.

28157

File No.
Registered No. **7997**
St. Ward

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1009**
City **St. Louis Mo** (No. **Christian Hospital**)

2. FULL NAME **Elise C Burmeister**

(a) Residence No. **2508 Dodier St** St. **20** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 **Female** 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 **William Burmeister**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 26 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Chrst Siemsen**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Marie Boldt**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

PARENTS

14. INFORMANT **Mrs. Burmeister**
(Address) **2508 Dodier St**

15. **AUG 11 1930** FILED **May C Parker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 8 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 6** 19**30** to **Aug 8** 19**30** that I last saw h. or alive on **Aug 8** 19**30**, and that death occurred, on the date stated above, at **3:45 P M** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus (acidosis)

CONTRIBUTORY (SECONDARY) **Cardiac Hypertrophy decom- pensate** (duration) **7** yrs. mos. ds. **15** ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory**
(Signed) **F. C. Selbuegg, M. D.**

8-9, 1930 (Address) 3945 N 11 St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Bethlehem Cemetery**

DATE OF BURIAL **Aug 11 1930**

20. UNDERTAKER

Thos. H. Gidevitten

ADDRESS **1936 St Louis AV**

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.

