

20 1939

REC'D JUN 8 1939

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

19762  
Do not use this space.

1. PLACE OF DEATH  
ST. Louis
- (a) County..... Registration District No. 784  
(b) Township Jefferson Primary Registration District No. 200  
(c) City Old Orchard (d) Street No. 115 N. Old Orchard Registered No. 919  
(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 Gustavus Adolphus Wurdeman.  
(a) Residence, No. 115 N. Old Orchard 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 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 Lena A. Wurdeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1857
7. AGE YEARS 82 MONTHS 0 DAYS 21 If LESS than 1 day, .....hrs. or .....min.
- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Judge  
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)..... 11. Total time (years) spent in this occupation..... 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swedesboro New Jersey.
- FATHER 13. NAME Gustavus A. Wurdeman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
- MOTHER 15. MAIDEN NAME Sallie Kayser  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT Miss Eleanor Wurdeman  
(ADDRESS) 115 N. Old Orchard, West Plains, Mo.
18. BURIAL, CREATION, OR REMOVAL XXX  
PLACE Oak Hill Cem. DATE May 21 1939
19. FUNERAL DIRECTOR (NAME) Louis H. Boffe  
(ADDRESS) 131 N. Argonne, Kansas, Mo.
20. FILED MAY 20 1939 W. H. Meyer, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1939
22. I HEREBY CERTIFY that I attended deceased from Feb 27 3:30 to May 19 1939  
I last saw him alive on May 19 1939 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:
- Acute Cordiac  
degeneration  
of myocardium  
with  
congestive heart failure  
and  
hypertension  
51
- Other contributory causes of importance:  
hypertension  
51
- Name of operation..... Date of.....  
What test confirmed diagnosis..... 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) W. H. Meyer, M. D.  
(Address) West Plains, 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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS A PERMANENT RECORD

**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, .....

*John M Meyer*

....., or by .....

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

Signed.....

*John M Meyer*

Licensed Embalmer No.....

*3288*

P. O. Address.....

*Herbwood, mo*

**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.**