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.

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

Do not use this space.

19092

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5511

City ..... (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Elizbeath Ann Gerber

(a) Residence. No. Crystal City Mo. 12 Ward. Crystal City Mo.
(Usual place of abode) (If nonresident give city or town and State)

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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23-1927

7. AGE: YEARS | MONTHS 7 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hemahite
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Hugh Gerber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Festus
12. MAIDEN NAME OF MOTHER Maidinl Kerfhaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis, Mo.

14. INFORMANT Hugh Gerber
(Address) Festus, Mo

15. FILED MAY 21 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-19-1928

17. I HEREBY CERTIFY, That I attended deceased from May 19th, 1928, to May 19, 1928 that I last saw her alive on May 19, 1928, and that death occurred, on the date stated above, at 8:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
8904
36
860

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Otitis media

(duration) — yrs. 1 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Crystal City, Mo
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blood culture

(Signed) Julius A Rossen, M. D
, 19 (Address) 4462 Washington St. Louis Mo

*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: Festus, Mo
DATE OF BURIAL: 5/22 1928

20. UNDERTAKER: Duester & Vineyard
ADDRESS: Festus, Mo