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

Do not use this space.

34936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 1904 Dodier St. St. ..... Ward)

File No. .....

Registered No. 9909

2. FULL NAME Fred Henry Gerking

(a) Residence. No. 1904 Dodier St. St., 26 Ward.
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	3	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Teamster 93C

(b) General nature of industry, business, or establishment in which employed (or employer): 57A

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS

10. NAME OF FATHER: Henry Gerking

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

12. MAIDEN NAME OF MOTHER: Dont know

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

14. INFORMANT: Mrs. H. Steinkamp
(Address) 1904 Dodier St.

15. FILED OCT -9 1928, 19 May C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sep 10th, 1924, to Oct. 7th, 1928 that I last saw him alive on Oct 7th, 1928, and that death occurred, on the date stated above, at 7 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

908 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatic Fever in November 1925 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Edwin J. Frolich, M. D

10/8, 1928 (Address) 2806 No. 12th

*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: Zions

DATE OF BURIAL: Oct. 10 1928

20. UNDERTAKER: Hy Leidner Und Co

ADDRESS 1417 N Market St

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.