

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

Do not use this space.

42924

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
1003
Primary Registration District No. 4210
Ridgewood

File No.....
Registered No. 12194
St. Ward)

2. FULL NAME

Helen G. Gander
(a) Residence. No. 4210 Ridgewood St., 15 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 Female 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 Ambrose Gander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 27

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) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown King

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

12. MAIDEN NAME OF MOTHER Antenborn

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

14. INFORMANT Alto J. Siebert
(Address) 4210 Ridgewood

15. FILED DEC 14 1928 Miss E. Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 5 1928, to Dec 12 1928, that I last saw her alive on Dec 11 1928, and that death occurred, on the date stated above, at 8:23 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
13 1/2 (duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Memie Crnia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) Paul R. Kugelmann, M. D.

Dec 14, 1928 (Address) 3587 W. Monroe 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 DATE OF BURIAL
S. S. Peter + Paul Cem. 12-15 1928

20. UNDERTAKER ADDRESS
Witt Bros. L. + U. Co. 2929 S. Jefferson Av.

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.

