

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

Do not use this space.

41592

1. PLACE OF DEATH

County Cogges
Towship Washington
City Frederick (No. 1)

Registration District No. 1124
Primary Registration District No. 5801a

File No. 2
Registered No. 2
St. St. Louis Ward 1

2. FULL NAME

Margaret Gradel

(a) Residence No. 7 Frederick St. St. Louis Ward 1

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 George Gradel (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 9 21

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

9. BIRTHPLACE (CITY OR TOWN) Orange County Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Fred. Koerber

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

12. MAIDEN NAME OF MOTHER Catherine Koerber

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

14. INFORMANT Anton Gradel
(Address) Frederick Mo

15. FILED 1-10-1930 Mrs. M. J. Queckle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1929, to Dec 27, 1930 (that I last saw deceased alive on December 11, 1929, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Inherited Nephritis

18. WHERE WAS DISEASE CONTRACTED? 131 1/2 N. 1st St.
IF NOT AT PLACE OF DEATH? St. Louis (duration) 1 yrs. 6 mos. 0 da.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
(duration) 1 yrs. 5 mos. 15 da.

18. WHERE WAS DISEASE CONTRACTED? 131 1/2 N. 1st St.
IF NOT AT PLACE OF DEATH? St. Louis

DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

WHAT TEST CONFIRMED DIAGNOSIS? bluesdale Laboratory
(Signed) Geo. P. Besseler, M. D.

1/27 - 1929 (Address) Frederick 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 Catholic Cemetery, Frederick DATE OF BURIAL Dec 28 1929

20. UNDERTAKER Phil. Heppner ADDRESS Frederick 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.

29 1/2

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