

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

Do not use this space.

**6916**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1005**  
 City St. Louis, (No. St. Anthony Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **1772**

**2. FULL NAME** Magdalena Gitling.

(a) Residence. No. 4222 So. 28 St. St. 16 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. 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** Jacob Gitling.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 17, 1887.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	42	9	1.	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Hungary.  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** John Helberg.

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

**12. MAIDEN NAME OF MOTHER** Magdalena Bauer.

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

**14. INFORMANT** Joseph Gitling  
 (Address) 4222 So. 38 Street

**15. FILED** \_\_\_\_\_, 19 \_\_\_\_\_ Magdalena Gitling REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** February 18, 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 30 1930 to Feb 18, 1930 that I last saw her alive on Feb 18, 1930 and that death occurred, on the date stated above, at 3:07 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

66B acute toxic bactre  
91A (exophthalmic)  
 (duration) 2 yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** acute dilatation of heart  
 (duration) \_\_\_\_\_ yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** 60A  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF 2-18-30

**20. WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** Laboratory & Clinical  
 (Signed) H.S. Meray, M. D.

2-19-1930 (Address) Truro club side

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** SS. Peter & Paul Cemetery **DATE OF BURIAL** Feb. 21, 1930

**20. UNDERTAKER** H. Gebken L & Co. **ADDRESS** 2842 Meramec

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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