

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

Do not use this space.

37432

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1412 Shawmut**)..... St. Ward)

File No.
Registered No. **10181**.....

2. FULL NAME Mrs. Mary Ghertrner

(a) Residence. No. **1412 Shawmut Pl.** St. **6** 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) **widow**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jacob Ghertrner**

7. DATE OF BIRTH (MONTH, DAY AND YEAR) **unk**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab 62

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) (STATE OR COUNTRY) **Roumania**

10. NAME OF FATHER **Elijah Rappoport**

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

12. MAIDEN NAME OF MOTHER **Lebra (unk)**

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

14. INFORMANT **Mary Ghertrner**
(Address) **12381 Shawmut**

15. FILED **Nov -5 1930** **Max C. Starke** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **NOV. 4 1930**

17. I HEREBY CERTIFY That I attended deceased from **July 15, 1928** to **Nov. 4 1930** that I last saw him **or** alive on **November 4 1930** and that death occurred, on the date stated above, at **1:50P.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Diabetes Mellitus-Chr. Int. Nephritis- Chr. Arterio Sclerosis- Chr. Hypertension.?

CONTRIBUTORY **Block Heart-2yrs.-General Anasarca-1 month-Uremia-2 weeks-(obese)**

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH. -
DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical & Lab.**
(Signed) **F. B. Pierson**, M. D.
11/4/1930 (Address) **3718 Jennings Rd**

*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 **Chesed Shel Emeth** DATE OF BURIAL **11/5 1930**

20. UNDERTAKER **H. B. Berger** ADDRESS **4715 Metherson**

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.

