

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

Do not use this space.

37788

File No. \_\_\_\_\_  
Registered No. 10894 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis. (No. 2718 Wyandotte Street.)

**2. FULL NAME** Margaretha Gehrler.

(a) Residence No. 2718 Wyandotte Street, 15 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Edward Gehrler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 16, 1857.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>8</u>	<u>1.</u>	

**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) Switzerland.

10. NAME OF FATHER George Rahm.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT: Robert Gehrler  
(Address) 2718 Wyandotte Street

15. FILED NOV 18 1930  
19 Max C. Stanley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct., 1930, to Nov. 17, 1930 that I last saw h. alive on Nov. 17, 1930 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy. 4 PM

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edwin J. Sitt M. D.

11/18, 1930 (Address) 3802 26 Broadway

\*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

Valhalla Crematory

DATE OF BURIAL

Nov. 20, 1930.

20. UNDERTAKER

Ed. Gehlen & U.C. 2842

ADDRESS

Meramec.

Exact statement of OCCUPATION is very important.

