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

Do not use this space.

7873

File No. 2242

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. Deaconess Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Gewinner.

(a) Residence. No. 500 Crofton Ave. St., 4 Ward. Webster Groves, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Gewinner.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19.1855.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Butcher.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 7 years.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

PARENTS
10. NAME OF FATHER Adam Gewinner.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Margaret Schobert.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Julius A. Gewinner
(Address) Webster Groves. Mo.

15. FILED 19 Max C. Starling REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH** 7-18

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 5 1931 to Feb 18 1931 that I last saw him alive on Feb 18 1931, and that death occurred, on the date stated above, at 3 a. 3 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4 hrs
129 Diffuse General peritonitis
1 hr

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of stomach for carcinoma of stomach (duration) — yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED 0

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 9-1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation + X ray

(Signed) Paul G. Schubert, M. D.

Feb 19, 1931 (Address) 514 Metropolitan Bldg

*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
SS. Peter & Paul Cemetery	Feb. 20 1931.

20. UNDERTAKER J. H. Gubernatorial 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