

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

Do not use this space.

26674

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

No. *City Hospital*

791

1003

File No.....

Registered No. *7847*

St. Ward)

2. FULL NAME

(a) Residence, No. *3303 Chippenaw 16* St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 12-1857*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>72</i>	<i>4</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Inspector*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Missouri*

13. NAME *Andrew Gauber*

14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

15. MAIDEN NAME *Cecilia Hong*

16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

17. INFORMANT *hospital information* (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL *Barnette Luther 7/16 1931*

19. UNDERTAKER *Wagner, Helderle* (ADDRESS) *331 1/2 ...*

20. FILED *1931* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14 1931*

22. I HEREBY CERTIFY, That I attended deceased from *July 2nd 1931, to July 14 1931*
I last saw him alive on *July 14, 1931*. Death is said to have occurred on the date stated above, at *11:25 a.m.*
The principal cause of death and related causes of importance were as follows:

- ① *chronic myocarditis*
- ② *chronic endocarditis*
- ③ *chronic nephritis*

Other contributory causes of importance: *chronic passive congestion of heart & spleen*

Name of operation *chronic* Date of.....
What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *yes*
(Signed) *J. W. Macintosh*, M. D.
(Address) *City Hospital*

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.

