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.

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

Do not use this space.

36323

File No.

Registered No. 10857

1. PLACE OF DEATH

County ..... Registration District No. [illegible]

Township ..... Primary Registration District No. 1003

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

2. FULL NAME Maria Gschwend.

(a) Residence, No. 4238 Oregon Avenue. St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolf Gschwend.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	2	15.	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

FATHER

13. NAME Anton Tessing.

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

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Henry Gschwend 4238 Oregon Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Oct. 28, 1931

19. UNDERTAKER (ADDRESS) J. H. Gibken L & U Co. 2842 Meramec St.

20. FILED OCT 27 1931 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct 25, 1931

I last saw her alive on Oct 24, 1931. Death is said to have occurred on the date stated above, at 12 40 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic

131

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Other contributory causes of importance:

Cardiac Asthma

Nephritis Chronic

Date of onset

Name of operation — Date of —

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

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

(Signed) W. E. Holdenried, M. D.

(Address) 4500a Virginia