

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

Do not use this space.

17269

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6130
City Florissant Rt. #1 (No. Florissant Rt. #1) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Wilhelmina Gerling

(a) Residence. No. Florissant, Mo. St. _____ 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) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Henry Gerling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 22, 1861**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	71	3	10	

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) **St. Louis Co.**
(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Fred. Meyer**

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

12. MAIDEN NAME OF MOTHER **Not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Not known**
(STATE OR COUNTRY)

14. INFORMANT **Henry Gerling**
(Address) **Florissant Rt. #1**

15. FILED May 28 1932 **E. J. Harris** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 3, 1932**

17. I HEREBY CERTIFY, That I attended deceased from **April 20, 1932**, to **May 2, 1932**, that I last saw her alive on **April 2, 1932**, and that death occurred, on the date stated above, at **10:15 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
82A (duration) _____ yrs. _____ mos. **7** ds.

CONTRIBUTORY (SECONDARY) **J. J. O.** (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **①**

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **J. J. Williams, M. D.**

73 . 1932 (Address) **Florissant, Mo.**

*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 **St. Joseph's** DATE OF BURIAL **May 5 1932**

20. UNDERTAKER **St. Joseph's** ADDRESS **2707 N. Grand**

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.

MAY 28 1932

