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.

18176

File No.

Registered No. 5154

1. PLACE OF DEATH

County ..... Registration District No. 1820

Township ..... Primary Registration District No. 1820

City St. Louis (No. 2630 Arsenal St. ..... Ward)

2. FULL NAME Andrew Gehnle

(a) Residence, No. 2630 Arsenal St., 24 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Gehnle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	7	25	

OCCUPATION

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

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

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 Unknown Gehnle

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. A. Gehnle 2630 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews DATE 5-30, 1932

19. UNDERTAKER (ADDRESS) Witt Bros. K & H. Co. 2424 S. Jefferson Av.

20. FILED MAY 28 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to May 27, 1932

I last saw him alive on May 26, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
131 Acute Myocarditis	4 mo.
Other contributory causes of importance: 131 Chronic Interstitial Nephritis	6 mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? Wasserman Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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? No

If so, specify .....

(Signed) Julius Chas. Kotter, M. D.

(Address) 2603 Cherokee St.