

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

Do not use this space.

21416

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1533
 City St. Louis (No. St. Marys Infirmary) St. Ward

File No.
 Registered No. 5975

2. FULL NAME

Gus Harsch
 (a) Residence, No. 3163 California St., 24 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 54 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 Lottie Harsch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1878
7. AGE YEARS 54 MONTHS 5 DAYS 10 LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237 23A
10. Date deceased last worked at this occupation (month and year) 10/6/32 **11. Total time (years) spent in this occupation** 11 4/6

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

FATHER
13. NAME Edward Harsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Rosalie Mutter

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

17. INFORMANT (ADDRESS) Hattie Harsch 3163 California

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Park Lawn June 28, 1932

19. UNDERTAKER (ADDRESS) Thos Kretz 2906 Grand Ave

20. FILED JUN 27 1932 W. C. Stanenji Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to June 25, 1932
 I last saw h. in alive on June 25, 1932 Death is said

to have occurred on the date stated above, at 8:05 P.
 The principal cause of death and related causes of importance were as follows:

Active pulmonary tuberculosis Date of onset
Lung abscess
Chronic Bronchitis

Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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.....

(Signed) Maurice A. Bertoli M. D.
 (Address) 1536 Poplar St.

Dr. M. A. Bertoli

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

