

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

Do not use this space.

21497

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1005

File No.....
Registered No. 6064
St. Ward

2. FULL NAME

(a) Residence, No. 4321 College St., 10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
		<u>22</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>child</u>
	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, Mo.
(STATE OR COUNTRY)..... Missouri

13. NAME Herman Gebhardt

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

15. MAIDEN NAME Mildred Williams

16. BIRTHPLACE (CITY OR TOWN)..... St. Louis, Mo.
(STATE OR COUNTRY)..... Missouri

17. INFORMANT M. M. Fschmann
(ADDRESS) 200 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE June 29, 1932

19. UNDERTAKER Schredmeyer & Sons
(ADDRESS) 3934 11th St.

20. FILED 29 1932
M. C. Standley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1932 to 6/27, 1932
I last saw her alive on 6/27, 1932 Death is said to have occurred on the date stated above, at 6:45 P. M.

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

Prematurity
1190
159
159
Other contributory causes of importance:
Asphyxia + Entero
6/27/32

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Lawrence Goldner, M. D.
(Address) St. Louis Children's Hosp.

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.

MARGIN RESERVED FOR BINDING

