

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

Do not use this space.

27472

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis No. 3151 Pestatozzi St.

File No.
Registered No. 7279
St. Ward)

2. FULL NAME

Louise Garling
(a) Residence, No. 3151 Pestatozzi St., 17 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Garling</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4th 1887</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>75</u> | <u>7</u> |
| | | <u>1</u> |
| | | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u> |
| | | 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 |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to Aug 5, 1932.
I last saw him alive on Aug 4, 1932. Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:

| | |
|---|------------------------------|
| <u>Intersclerosis</u> | Date of onset <u>1929</u> |
| <u>Chronic interstitial nephritis</u> | <u>1929</u> |
| <u>131</u> | |
| <u>99</u> | |
| Other contributory causes of importance | <u>(1)</u> |

| |
|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany. 10</u> |
| 13. NAME <u>Wm Rosenbaum</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u> |
| 15. MAIDEN NAME <u>Louise Kolude</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u> |
| 17. INFORMANT (ADDRESS) <u>Wm Garling</u> <u>3151 Pestatozzi</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Memphis Ill.</u> DATE <u>Aug 8th 1932</u> |
| 19. UNDERTAKER (ADDRESS) <u>Wm Schumacher</u> <u>113 Marquette</u> |
| 20. FILED <u>UG - 8 1932</u> <u>Wm C. Moran</u> Registrar |

Name of operation none 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? no
If so, specify
(Signed) W. E. Jones M. D.
(Address) 2500 Allen St

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.

