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.

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

Do not use this space.

37687

1. PLACE OF DEATH

County ..... Registration District No. 781 File No. 10381

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 4116, West Rosalie St. ..... Ward)

2. FULL NAME Dena Gerdes

(a) Residence, No. 4116 West Rosalie St., 7 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1861

7. AGE: YEARS 71, MONTHS 7, DAYS 28. If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Martha Gerdes 4116 West Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Nov. 25, 1932

19. UNDERTAKER (ADDRESS) Math. Hermann and Son 6161 East Fair Ave.

20. FILED NOV 23 1932 19 Max C. Hardy Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1932, to Nov. 23rd, 1932

I last saw her alive on Nov. 23rd, 1932 Death is said to have occurred on the date stated above, at 12:53 A.m.

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

	Date of onset
Chronic Nephritis	2
Uremia	3 days
131	
97	
137	

131

Other contributory causes of importance:

Arteriosclerosis (Canal) Years

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

What test confirmed diagnosis? Lab. 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) Arthur Gundlach, M. D.

(Address) 2202 Lincoln St.