

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

Do not use this space.

41912

1. PLACE OF DEATH

County..... Registration District No. *11-3*
Township..... Primary Registration District No. *Garfield*
City *St. Louis* (No. *3622*) *Garfield*

File No.
Registered No. **11003**
St. Ward

2. FULL NAME

(a) Residence, No. *3622 Garfield* St. *11* Ward.

(If nonresident, give city or town and State)

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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Johns</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 28th 1892</i>		
7. AGE	YEARS <i>40</i>	MONTHS <i>6</i>
	DAYS <i>13</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <i>House Work</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>
	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. 1*

13. NAME *Louis Forcht*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 15*

15. MAIDEN NAME *Eva Hertling*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis mo. 1*

17. INFORMANT *St. Johns*
(ADDRESS) *703622 Garfield*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Old S. S. P. C. DATE Dec. 14th 1932*

19. UNDERTAKER *Wm. Schumacher*
(ADDRESS) *3013 W. Main St.*

20. FILED *DEC 12 1932* *W. C. Starckey*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 11th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 8* 1932, to *Dec 11* 1932

I last saw h. or w. alive on *Dec. 11* 1932. Death is said to have occurred on the date stated above, at *3 P. m.*

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

Lobar Pneumonia (Left) *11/8*
109
132A
108
Other contributory causes of importance:
Pyonephrosis (right) *11/10/32*

Name of operation..... Date of.....
What test confirmed diagnosis? *Lab.* 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 *Arthur Gundlach* M. D.

(Signed) *Arthur Gundlach* M. D.
(Address) *2202 University Street*

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.

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