

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 7901
Township..... Primary Registration District No. 10033
City St. Louis (No. City, Informary) St. _____ Ward _____

File No. 3351
Registered No. 250
St. _____ Ward _____

2. FULL NAME

William Gehhart
(a) Residence, No. 5800 Arsenal St., 13 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown April 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
74 Unknown 3 0 0

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

13. NAME ? Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs. M. Effinger
5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE 1/9 1933

19. UNDERTAKER (ADDRESS) Underwood Funeral Home
1936 W. Louis Ave

20. FILED - D 1933 May 1 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1-33, 1933, to 1-7-, 1933
I last saw him alive on 1-7-, 1933. Death is said to have occurred on the date stated above, at 7:00 A
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
97
117
Other contributory causes of importance 930
arteriosclerosis
senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933
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) Samuel H. Hodges
(Address) 3600 Central 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.

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