

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

Do not use this space.

3997

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **107 1/2**
 City **St. Louis** (No. **City Infirmary**) St. Ward

2. FULL NAME

(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 **1 1/2** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 27 1863**

7. AGE YEARS **69** MONTHS **1** DAYS **28** If LESS than 1 day, hrs. or min.

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

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 Missouri**

13. NAME **Conrad Gengebach**

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

15. MAIDEN NAME **Mary Russell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **M. Lippner** (ADDRESS) **5800 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Margaret Jan 30 1933**

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **1613 Washington Ave**

20. FILED **JAN 27 1933** **W. C. Stanley** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 25, 1933**

22. I HEREBY CERTIFY That I attended deceased from **Jan 5 1933** to **Jan 25 1933**

I last saw him alive on **Jan 25 1933** Death is said to have occurred on the date stated above, at **6:55** m.

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

Chronic Myocarditis Date of onset **12-1-33**

34

936

821

Other contributory causes of importance:

Old Hemiplegia **34**

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, 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) **A. B. Elrod** M. D.

(Address) **5800 Arsenal 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.

