

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.

11200

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St Louis (No. Deaconess Hospital)

File No.
Registered No. 2251
St. Ward)

2. FULL NAME Gertrude May Stender

(a) Residence, No. 2046 Permead ave St., 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash R.R.
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) California
13. NAME Adolph G. Stender
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo
15. MAIDEN NAME Lena Salzgeber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Norman R. Stender
2046 Permead ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 3-7-33

19. UNDERTAKER (ADDRESS) Tracy Glusker Mortuaries
4228 So. Kingshighway
20. FILED MAR 7 1933 Max A. Hartman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1933, to March 5, 1933

I last saw her alive on March 5, 1933. Death is said to have occurred on the date stated above, at 3:20 A.M.

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

Miliary Tubercular Date of onset
Bi lateral
32A
Other contributory causes of importance:
32A

Name of operation Date of
What test confirmed diagnosis? clinical 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
(Signed) P. B. Cappel, M. D.
(Address) 3239 Hawthorne

