

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

Do not use this space.

16110-78
16233 16233
File No. _____
Registered No. 10
St. _____ Ward)

1. PLACE OF DEATH
39 County Genesee Registration District No. 314
Township _____ Primary Registration District No. 4190
6 City Stamberg Mo (No. _____)
7. FULL NAME Fredrick Gehring Jr.
(a) Residence, No. Stamberg St. _____ Ward. _____
(Usual place of abode) (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.

JUN 22 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED (write the name of HUSBAND or (OR) WIFE OF) Mauda Gehring
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 10 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. S. & S. Co.
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) New York City
13. NAME Fredrick Gehring Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halle Germany
15. MAIDEN NAME Louise Bayert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
17. INFORMANT Mrs. Mauda Gehring
(ADDRESS) Stamberg Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stamberg Mo DATE 5/14/33
19. UNDERTAKER Phillips
(ADDRESS) Stamberg Mo
20. FILED 5/13 1933 C. S. Berndt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933.
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 12, 1933.
I last saw him alive on May 12, 1933. Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:
Suicide by jumping from the Clathery
Date of onset _____
Other contributory causes of importance:
MI
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) Gas. A. Crockett, M. D.
(Address) Stamberg, Mo.

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.

Dr. J. A. Crawford