

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

Do not use this space.

**21411**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... St. Louis No. Home of the Aged St. .... Ward)

File No. ....  
Registered No. 5195  
St. .... Ward)

**2. FULL NAME**

Gertrude Schlatter  
(a) Residence, No. 2209 Helbert St., 10 Ward.  
(Usual place of abode) (If nonresident, give city 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 7<sup>th</sup> 1860

7. AGE 72 YEARS 8 MONTHS 5 DAYS If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer housekeeper

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Pefferson Mo

10. NAME OF FATHER George Distler  
11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) unknown  
12. MAIDEN NAME OF MOTHER Marquise Hymann  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) unknown

14. INFORMANT Sister Jeanne  
(Address) 2209 Helbert St

15. FILED 13 1933 J. Bredeck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

18. DATE OF DEATH (MONTH, DAY AND YEAR) June 12<sup>th</sup> 1933

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to June 12, 1933, that I last saw h. sc. alive on June 11, 1933 and that death occurred, on the date stated above, at 7 A M. .... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
930 (duration) .... yrs. 9 mos. .... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chinab. Stenomatous  
(Signed) Anthony G. Piekaski, M. D.  
June 12, 1933 (Address) 1525 a Cass Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL 6-14 1933

20. UNDERTAKER Arthur J. ... ADDRESS 38 40 ...

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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