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. 21 ..... File No. 24890

Township ..... Primary Registration District No. 2 ..... Registered No. 6303

City St. Louis Mo (No. ..... We Paul Hospital St. ..... Ward)

2. FULL NAME Gertrude Finke

(a) Residence. No. 5041 S Grand Blvd VS Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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.

AUG 26 1933

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: John S Finke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 16 1884

7. AGE: Years 49 | Months 5 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

PARENTS
10. NAME OF FATHER: Aug. Obert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Albertine Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): John S. Finke 5041 S Grand Blvd

15. FILED 24 1933 J. F. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18 1933

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1933, to July 18, 1933, that I last saw her alive on July 18, 1933, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis with Gall Stones
Chronic Appendicitis
Chronic Endocarditis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Post Operative Shock
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? home
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 10-1933
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) Eugene Draper, M. D.
July 19, 1933 (Address) 2743 So Grand

*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: Calvary Cemetery — DATE OF BURIAL: July 21 1933

20. UNDERTAKER: Wm J. Robert — ADDRESS: 1905 S Grand Blvd

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.