

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.

FEB 27 1934

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

Do not use this space.

3404

1. PLACE OF DEATH

County..... Registration District No. **781**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Lestoye Hosp.**)

File No.....
Registered No. **1093** St. _____ Ward)

2. FULL NAME

(a) Residence, No. **2246 1/2 Jules** St. **23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S.; if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James D. Gasher</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 28 1867</i>		
7. AGE	YEARS <i>66</i>	MONTHS <i>4</i>
	DAYS <i>0</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	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) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>Henry Hebber</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Catherine Christfried</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Elis Preussert</i> (ADDRESS) <i>2246 1/2 Jules St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter's Cem.</i> DATE <i>2-1</i> 19 <i>34</i>		
19. UNDERTAKER <i>Witt Bros. & Co.</i> (ADDRESS) <i>2929 Jefferson</i>		
20. FILED IN <i>53</i> 19 <i>34</i> <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 28 1934*

22. I HEREBY CERTIFY, (That I attended deceased from *6-10* 19*33* to *Jan 27* 19*34*)
I last saw her alive on *1-27* 19*34*. Death is said to have occurred on the date stated above, at *4:30* a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Date of onset

Other contributory causes of importance
None

Name of operation *None* Date of.....
What test confirmed diagnosis? *Clinical* 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? *No*
If so, specify *None*
(Signed) *Joseph L. Ferris* M. D.
(Address) *4209 Olive St. St. Louis*

4209 Virginia