MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 14157
Township — Primary Registration District No. 6033a — Registered No. 117
City Clayton (No. 7229 Forsythe Bl St. Ward)

2. FULL NAME Elizabeth Gummersbach
(a) Residence, No. 7229 Forsythe St., 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Gummersbach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1851
7. AGE: YEARS 83 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): St Louis

FATHER
13. NAME: Henry Bulte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Gummersbach 7229 Forsythe Bl
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 26 1934
19. UNDERTAKER (ADDRESS): Arthur J Donnelly Co 3840 Lindell Bl
20. FILED 4/24 1934 Robt J Lambrecht Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1922, to Apr. 23, 1934
I last saw her alive on Apr. 23, 1934. Death is said to have occurred on the date stated above, at 6.45 P.m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia — Date of onset Apr. 22 1934
Other contributory causes of importance:
Name of operation None — Date of —
What test confirmed diagnosis? None — Was there an autopsy? No

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
(Signed) A H Cleveland, M. D.
(Address) 3326 Meramec St.

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. [illegible]

3326 Meramec Ct

2 [illegible]