

MAY 27 1934

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

Do not use this space.

15067

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1000**

City.....

(No. **3718 71 21**)File No. **1**Registered No. **4280**

St. Ward)

2. FULL NAME

Conrad Gillers (Gilbers)(a) Residence, No. **3718 71 21** St. **26** Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower

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

Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 17-1848

7. AGE

YEARS

86

MONTHS

0

DAYS

9

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Coal & Saw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

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)

Ill

13. NAME

Conrad Gillers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

15. MAIDEN NAME

Winkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

17. INFORMANT (ADDRESS)

Agnes Bealage 3718 71 21 st.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **April 30, 1934**

19. UNDERTAKER (ADDRESS)

Getzenhauer, Wm. Co. 47 48 71 21 21 st.

20. FILED

MAY 27 1934 J. B. Bedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **apl 26** , 19**34**22. I HEREBY CERTIFY, That I attended deceased from **Nov 26** , 19**33**, to **apl 26** , 19**34**I last saw him alive on **apl 26** , 19**34** Death is saidto have occurred on the date stated above, at **7:45 p.m.**

The principal cause of death and related causes of importance were as follows:

myocarditis chronic Date of onset **Nov 26 1933**

Other contributory causes of importance:

senility

(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? **no**

If so, specify.....

(Signed) **Joseph Gill (Gill)** M. D.(Address) **3636 Herbert**

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.

