

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.

JUN 19 1934

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. **791**

File No. **18372**

Township.....

Primary Registration District No. **1003**

Registered No. **4845**

City *St Louis* (No. *City Hosp #1*)

St. *1* (Ward)

2. FULL NAME

(a) Residence, No. *1913 9 St* Ward. *26*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* yrs. *4* mos. *22* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *20* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 19 - 1913*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *20* *4* *22*

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

13. NAME *Edward Hegler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis*

15. MAIDEN NAME *Margaret Bradley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis, Mo*

17. INFORMANT (ADDRESS) *Walter J. Keat City Hosp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Galveston Cemetery* DATE *May 14, 1934*

19. UNDERTAKER (ADDRESS) *Goodhart & Goodhart 2225 E. Louis Ave*

20. FILED *13* 1934 19 *J. H. Bedeck* Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/11* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *4/26* 19*34* to *5/11* 19*34*

I last saw her alive on *5/11* 19*34*. Death is said to have occurred on the date stated above, at *8:00* a.m.

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

Bacterial endocarditis
Pyelonephritis, generalized abdominal
caused by child hits
Cholesterol effusion.
Other contributory causes of importance: *1103*
Normal delivery

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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?.....

If so, specify..... (Signed) *James Earl* M. D.
(Address) *City Hospital*

