

NOV 13 1934

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

Do not use this space.

37489

1. PLACE OF DEATH

County 1 Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. 3687) Cook Ave

File No. 9933
Registered No. 9933
St. 11 Ward

2. FULL NAME

Anthony Gilgenberg
(a) Residence, No. 3687 Cook Ave St. 11 Ward.
(Usual place of abode)

(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Gilgenberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 57

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
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 Mo

MOTHER FATHER
13. NAME Anthony Gilgenberg

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Minnie Sattler
(ADDRESS) 2935 W. Florence St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 10-11-1934

19. UNDERTAKER H. A. Stokely Wood Co
(ADDRESS) 7-117 E. Grand Blvd

20. FILED 10 1934 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-9 1934

22. I HEREBY CERTIFY, That I attended deceased from About Sept 23, 1934, to Oct 9, 1934

I last saw him alive on Oct 8, 1934 Death is said

to have occurred on the date stated above, at 5 A. m.

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

Cancer of Pharynx
45F
Other contributory causes of importance: None

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?

If so, specify John B. Rule, M. D.

(Signed) John B. Rule
(Address) 1073 Republic

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.

