

DEC 22 1934

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

Do not use this space.

40618

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 60330City St. Louis ClaytonSt. St. Louis County Hosp Ward

File No.

Registered No. 366

2. FULL NAME

(a) Residence, No. Valley Park Mo St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Trunk</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30th 1870</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>			
	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) <u>Germany</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Geo Trunk</u> (ADDRESS) <u>Valley Park Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. S. Peter + Paul</u> DATE <u>Nov 9th 1934</u>				
19. UNDERTAKER <u>Hon Schumacher</u> (ADDRESS) <u>3013 Miramee St</u>				
20. FILED <u>Nov. 8</u> 1934 <u>H. J. Ambrose</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>11-7</u>	<u>1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>9-25</u> , 19 <u>34</u> , to <u>11-7</u> , 19 <u>34</u> .		
I last saw h. e. r. alive on <u>11-6</u> , 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>6:40</u> m.		
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Stomach</u>		
Other contributory causes of importance: <u>None</u>		
Date of onset		
Name of operation		
Date of		
What test confirmed diagnosis?		
Was there an autopsy? <u>No</u>		
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 <u>no</u>		
(Signed) <u>L. G. Gurnea</u> M. D.		
(Address) <u>at Pine Co Hospital</u>		

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.

PERMANENT RECORD

