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.

JAN 14 1935

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

Do not use this space.

44892

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. De Paul Hospital St. ..... Ward)

File No. .....

Registered No. 12042

2. FULL NAME Fredricka Gehrke

(a) Residence, No. 8144 Page Ave. St., NR Ward. St Louis Co
(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 Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1864

7. AGE YEARS 70 MONTHS 0 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) ? Germany

FATHER

13. NAME Frederich Bollman

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

MOTHER

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS) Mr. Wm. Gehrke 8144 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE December 21, 1934

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. Cem. 5966 Easton Ave.

20. FILED DEC 20 1934 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1933, to December 18th, 1934

I last saw her alive on December 18th, 1934. Death is said to have occurred on the date stated above, at 11.50 a.m.

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

	Date of onset
Gall stones - Abscess of gall bladder	?
Pyelitis	1 year
1 9	
1 8 7 8	
1 3 7	

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Other contributory causes of importance:

Name of operation Incision of Abscess Date of 12:16:34

What test confirmed diagnosis? clinical 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) Julius Jensen, M. D.

(Address) 3720 Washington Ave St Louis

Dr. Jerome

3720 Washington Ave.

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