

JUL 1 8 1935

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

Do not use this space.

19014

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1903 Delmar Ave.) St. _____ Ward _____

File No. _____
Registered No. 639

2. FULL NAME

Wilhelm A. Gierke

(a) Residence, No. 1903 Delmar Ave. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 24

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

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) 1935 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheboygan, Wis.

13. NAME Carl Gierke

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

15. MAIDEN NAME Wilhelmina Farben

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

17. INFORMANT Mrs. Emma Gierke (ADDRESS) 1903 Delmar Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE June, 15, 1935

19. UNDERTAKER Walter Meinhoffer (ADDRESS) 1302 Taron St. St. Joseph, Mo.

20. FILED 6-15 19 35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 13, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1934 to June 13, 1935

I last saw him alive on June 9, 1935 Death is said to have occurred on the date stated above, at 9:45 m. P.M.

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

Coronary Occlusion Date of onset 1 day

Other contributory causes of importance: Arteriosclerosis is general unknown

Name of operation none Date of _____
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) Mustav A. Lan, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

