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.

JUL 12 1935

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

Do not use this space.

21303

File No. 5238

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Anthony's Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1008

2. FULL NAME Gertrude Martha Gore.

(a) Residence, No. 6425 Clayton Rd., St., 5 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: FEMALE

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5th 1891

7. AGE: Years 43 | Months 7 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Wallace Corp.

10. Date deceased last worked at this occupation (month and year) 6/4/35

11. Total time (years) spent in this occupation 12 yr.

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

FATHER

13. NAME Joseph Gore

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

MOTHER

15. MAIDEN NAME Josephine Owings

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

17. INFORMANT E. Gore
(ADDRESS) Lobby Security Bldg.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 6/17/35, 19

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED JUN 17 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1935, to June 14, 1935

I last saw her alive on June 14, 1935. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

	Date of onset
Coronary Embolism	6-14-35
93 C	
Other contributory causes of importance:	
Acute Myocardial Degeneration	
Auricular Fibrillation	
Acute Rheumatic Fever	Jan 1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred A. Glaeser, M. D.

(Address) 2767 Gravois Ave.

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Mic [illegible]
[illegible] 4C 34

Dr J Doubek
2767 [illegible]
3 pm / 7 pm

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