

SEP 15 1936

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

Do not use this space.

32599

791

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No., St. Anthony Hospital..... Ward)

File No.....
Registered No. 8572

2. FULL NAME Wilhelmine Gertrick Garlich

(a) Residence, No. 7361 Stanford St. N R Ward. University City
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 1

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

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) Germany

13. NAME R. William Schlueter

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

15. MAIDEN NAME Elizabeth Middendorf

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

17. INFORMANT Edward Gerlich
(ADDRESS) 7361 Stanford

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8/20/36

19. UNDERTAKER W. A. Brock & Co.
(ADDRESS) 2117 E. 12th

20. FILED AUG 18 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:00 A.

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

Fractured Right Femur, rec.'d in fall to floor at residence, August 14, 1936. Date of onset

Other contributory causes of importance:
Chronic Myocarditis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/14, 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury Fall
Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Harold J. [Signature] M. D.
(Address) [Signature]

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.

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