

OCT 20 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township St. LouisPrimary Registration District No. 3009City St. Louis (No. 607 Locust St)File No. 33845Registered No. 321

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oleva E. Gerhardt(a) Residence, No. 607 Locust 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

4. COLOR OR RACE

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

FemaleWhiteSingle

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

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

Feb 16-1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

2770

OCCUPATION

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

clerk

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

Grocery

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)

Eldorado Ill

13. NAME

J. W. Gerhardt

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

Evansville Ind

15. MAIDEN NAME

Katharine Becking

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

Ridgeway Ill

17. INFORMANT (ADDRESS)

J. W. Gerhardt Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys burm DATE Sept-19-36

19. UNDERTAKER (ADDRESS)

Wadsworth Und. Co. Cape Girardeau Mo.

20. FILED

9-17-36 J. M. Thompson Registrar

## MEDICAL CERTIFICATE OF DEATH

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

9-17-36

22. I HEREBY CERTIFY, That I attended deceased from

7-151936to 9-171936I last saw PR alive on 9-17, 1936 Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Sepsis

Other contributory causes of importance:

Miss carriage

Name of operation

AmputationDate of 9/20/36What 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? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) A. J. Smith

M. D.

(Address) Cape GirardeauNo

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.

