

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis (No. ....)

Registration District No. 791  
1008  
 Primary Registration District No. 2  
3920 North 22nd Street

File No. 3716  
 Registered No. 751  
 St. .... Ward)

**2. FULL NAME** Fredericka Gers  
 (a) Residence, No. 3920 North 22nd Street St. 20 Ward. 1  
 (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) Widow

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Sept 29, 1852

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 3 18

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** St. Home  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 26  
**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 10

**13. NAME** Not Known

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany 10

**15. MAIDEN NAME** Not Known

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany 10

**17. INFORMANT** Mrs. Minnie Grothmann  
 (ADDRESS) 3920 N. 22nd Street

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Friedens DATE Jan. 13 1937

**19. UNDERTAKER (ADDRESS)** Math. Hermann & Son  
2161 East Fair Avenue

**20. FILED** 18 1937 19 J. Predeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan. 16, 1937

**22. I HEREBY CERTIFY**, That I attended deceased from Feb 21 1933, to Jan 16 1937  
 I last saw her alive on Jan 15 1937 Death is said to have occurred on the date stated above, at 8:15 A. M. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance: Senility

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Physical 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) Walter J. Sullivan M. D.  
 (Address) 3825 N. 20th

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.

