APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH — Isolation Hospital

County ..... Registration District No. 791 — File No. 10126

Township ..... Primary Registration District No. 1003 — Registered No. 2690

City Saint Louis, Mo. (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Deloris Antionette Gass

(a) Residence, No. 5707 Lansdown St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	1	0	

OCCUPATION

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

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) Saint Louis Missouri

FATHER

13. NAME Robert Gass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

MOTHER

15. MAIDEN NAME Elsie Canter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

17. INFORMANT (ADDRESS) MG. Barry 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE [illegible] DATE [illegible], 1937

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED MAR 8 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1937, to Mar. 7, 1937

I last saw her alive on Mar. 7, 1937. Death is said to have occurred on the date stated above, at 6:29 A.m.

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

	Date of onset
Pertussis	2-21-37
Bronchopneumonia	3-6-37

Other contributory causes of importance:

Name of operation none Date of

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

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) Henry J. Clerch, M. D.

(Address) 5600 Arsenal

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.