

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*
Township *St. Louis No. 3*
City *St. Louis, Mo.*

Registration District No. *791*
Primary Registration District No. *1003*

File No. *10791*
Registered No. *3365*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1738 1/2 Church St. Bellview*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4* yrs. mos. *4* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Geo Gass</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 25 1885</i>		
7. AGE YEARS <i>52</i>	MONTHS <i>20</i>	DAYS <i>1</i>
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	11. Total time (years) spent in this occupation <i>20</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own home</i>	
10. Date deceased last worked at this occupation (month and year) <i>Feb 1934</i>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Clair Township Illinois</i>
13. NAME <i>Charles Sturbe</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>
15. MAIDEN NAME <i>Mary Reed</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>

17. INFORMANT (ADDRESS)
Geo Gass 1738 1/2 Church St

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Burial Mount* DATE *March 29 1937*

19. UNDERTAKER (ADDRESS)
Higginbotham 130 1/2 S. 13th

20. FILED *MAR 26 1937*
J. J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-26 1937*

22. I HEREBY CERTIFY, That I attended deceased from *3/19 1937* to *3/26 1937*
I last saw her alive on *3/25 1937*. Death is said to have occurred on the date stated above, at *9:45 a.m.*
The principal cause of death and related causes of importance were as follows:

distention of stomach

Other contributory causes of importance:
prolonged high sustained in accidental fall to floor at residence

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *accident* Date of injury *2/12 1937*
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *at home*
Manner of injury *fall*
Nature of injury *fractured hips*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) *M. J. Shreffelt*, M. D.
(Address) _____

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.

899
333

✓