

SEP 10 1937

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

Do not use this space.

28785

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. John's Hosp Primary Registration District No. 1008
City St. Louis (No. St. John's Hosp St. Overland Ward Mo.)

2. FULL NAME

Sophia Gerbig
(a) Residence, No. 2831 Harley Rd St. NR Ward Overland Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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 Frederick Gerbig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 1866

7. AGE YEARS 70 MONTHS 10 DAYS 0
If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Jacob Klein

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

15. MAIDEN NAME Susanna Rahy

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

17. INFORMANT Rev. C. F. Gerbig (ADDRESS) Overland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Aug 6 1937

19. UNDERTAKER OREMANN FUNERAL HOME (ADDRESS) Overland Mo

20. FILED AUG 5 1937 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to Aug 3 1937

I last saw her alive on Aug 3 1937. Death is said to have occurred on the date stated above, at 5:55 P.m.

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

Nephritis, probably chronic nephritis Date of onset Jan 28, 1937

Other contributory causes of importance:

Hypertension 1934
Hypocarditis, chronic 1935
Bilateral Bronchitis 1937

Name of operation none Date of —What test confirmed diagnosis? clinical 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) Herman A. Kloeche, M. D.

(Address) 96 1/2 Holladay Overland Mo.

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

FORM 1930 X7284

