NOV 15 1937

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

36244

Do not use this space.

791

1. PLACE OF DEATH

(a) County ..... Registration District No. 2

(b) Township ..... Primary Registration District No. 1003 Registered No. 9821

(c) City St. Louis (d) Street No. 4723 Milentz Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Gumz

(a) Residence, No. 4723 Milentz Avenue St. 2 St. Louis, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 William Gumz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13, 1864

7. AGE: YEARS 73 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) St. Louis Missouri

FATHER

13. NAME Henry Owermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Henrietta Fuhrmeister
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Bertha Breuer - Daughter 4723 Milentz, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE October 23, 1937

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister Und. & L. Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED OCT 23 1937 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to October 20, 1937

I last saw her alive on October 20, 1937. Death is said to have occurred on the date stated above, at 7:20p.m.

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

	Date of onset
Carcinoma of stomach (Inoperable) Duration : 3 years.	

Other contributory causes of importance:

Secondary Anemia Duration : Six Months.

Name of operation None. Date of ----

What test confirmed diagnosis? physical and clinical findings. Was there an autopsy?

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) G. L. Hertel, M. D.

(Address) 802 808 S. S. Natl. Bank Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

Certificate to:
Dr. A. L. Hertel,
3606 Gravois Ave.

STATEMENT BY LICENSED EMBALMER

I, Leo James Budde, Licensed Embalmer No. 3989

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo James Budde, L. E. #3989,

L. E. and Linus C. Hoffmeister, L. E. #3871.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Leo J. Budde

Licensed Embalmer No. 3989

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)