

NOV 23 1937

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

Do not use this space.

38846

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No. Koch Hospital)

Registration District No. 1123
Primary Registration District No. 6248B1

File No. _____
Registered No. 426
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1105 Herbert St. _____ Ward St. Louis, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation 20

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

13. NAME Peter Gierden

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

15. MAIDEN NAME Marie Kemper

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

17. INFORMANT Deceased Kate Gierden
(ADDRESS) 1105 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Oct 28, 1937

19. UNDERTAKER Edmund Koch
(ADDRESS) 3526 4th St.

20. FILED Oct. 26, 1937 A. Mowery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1937, 1937, to 10-25, 1937

I last saw him alive on 10-25-, 1937. Death is said to have occurred on the date stated above, at 9:20 a. m.

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

Pulmonary Tuberculosis
Silicosis
Date of onset 1933
?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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 _____, 1937

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? probably
If so, specify Silicosis

(Signed) Albert Kaplan, M. D.

(Address) Koch, Mo.

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.

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