

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township High
City St. Louis (No. _____)

Registration District No. 420
Primary Registration District No. 3022

File No. 3162
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 703 d. 2nd Ward. 152
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Fred Gehring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1870

7. AGE YEARS 67 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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.

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) Charleston |
W. Va. |

FATHER 13. NAME Basley |

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston |
W. Va. |

MOTHER 15. MAIDEN NAME Margaret Melrose |

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston |
W. Va. |

17. INFORMANT (ADDRESS) Harold Gehring
St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan 14 1938

19. UNDERTAKER (ADDRESS) Dorothy S. Dietrich
St. Louis

20. FILED 2-1 1938 Jeneva Donnell
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to Jan 12 1938

I last saw her alive on Jan 12 1938. Death is said to have occurred on the date stated above, at 10:25 am.

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

Acute Mellitus Date of onset ?

Other contributory causes of importance:

Ch. Nephritis ?

Name of operation _____ 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) Chas E. Jallit M. D.
(Address) St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH