

RECD MAR 13 1939

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

5079
Do not use this space.
1772

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City or **St. Louis.** (d) Street No. **4754 Idaho Ave.** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Julia Gerold**

(a) Residence, No. **4754 Idaho Ave.** St. **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 John Gerold | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1866 | | |
| 7. AGE YEARS 72 | MONTHS 7 | DAYS 7 |
| 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) Germany | | |
| 13. NAME Gottlieb Hartfelder | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| 15. MAIDEN NAME Don't Know | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | |
| 17. INFORMANT Julia Kuefner (ADDRESS) 4754 Idaho Ave. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cemate Feb. 25, 1939 | | |
| 19. FUNERAL DIRECTOR (NAME) J. H. Schubert & Co (ADDRESS) 2842 Meramec St. | | |
| 20. FILED FEB 24 1939 J. B. Brubaker Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 22**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **2-21**, 19**39**, to **2-22**, 19**39**
I last saw her alive on **2-22**, 19**29**. Death is said to have occurred on the date stated above, at **5:19** a.m.
The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------------------------|----------------|
| Cerebral apoplexy (ruptured blood vessel) | 2-21-39 |
| Chronic Myocarditis | 3-17-39 |
| Auricular Fibrillation | 2-21-39 |

Other contributory causes of importance:
Hypertension

Name of operation Date of
What test confirmed diagnosis? 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? **No**
If so, specify
(Signed) **Eugene H. Edle**, M. D.
(Address) **5401 1/2 Grandis**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Herman A. Gilker*

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

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.)

St. Louis, Mo.

If this body is not embalmed, above space should be left blank.