

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.

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

17107

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... St Louis (d) Street No..... De Paul Hospital..... 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.

791
1008

4641

2. PRINT FULL NAME Gertrude A Anderer

(a) Residence, No. 2129 a Adelaide Ave St. 9
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene J Anderer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16th 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 7 2

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Housewife
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) St Louis
(STATE OR COUNTRY) Missouri

13. NAME John Scheffer

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

15. MAIDEN NAME Christina Moenster

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

17. INFORMANT Eugene J Anderer
(ADDRESS) 2129 a Adelaide Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 23, 1939

19. FUNERAL DIRECTOR (NAME) Stroot - Carroll
(ADDRESS) 4600 Natural Bridge Ave

20. FILED MAY 22 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th 39 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1939, to 5-19, 1939
I last saw her alive on 5-9, 1939. Death is said to have occurred on the date stated above, at 6.15pm
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Gangrene of left foot
Date of onset 5/1/39

Other contributory causes of importance
None
Name of operation None Date of None
What test confirmed diagnosis? Blat's Sugar Urinary 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? No
If so, specify _____
(Signed) Roumer, M. D.
(Address) 1117 N Grand

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

Frank H. Stief

Licensed Embalmer No. 2265

P. O. Address.....

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.)

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