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

Do not use this space.
32248

1. PLACE OF DEATH
~~County~~ Mo
Township
City St. Louis (No. St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 9514

2. FULL NAME Elizabeth Gerling
(a) Residence. No. 1314 Wright St. St., 2 Ward.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Herman H.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11th 1846

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
83	7	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER Bernard Sudbeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTY) Germany

14. INFORMANT Minnie Gronemeyer
(Address) 1314 Wright St.

15. FILED ..., 19..... Nina C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1929, to Sept. 16, 1929 that I last saw her alive on Sept. 13, 1929, and that death occurred, on the date stated above, at 3:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
121

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. A. Thomson M. D.
Sept. 17, 1929 (Address) 3121 N Grace St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery — DATE OF BURIAL: Sept. 19 1929
20. UNDERTAKER: John A. Gentleman — ADDRESS: 4320 Warne ave

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.