

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

Do not use this space.

17795

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **3339**)

Blair Ave.

File No.....

Registered No. **4903**

St. Ward)

2. FULL NAME

(a) Residence No. **3339** **Blair Ave.** St. **26** 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

1 MEDICAL CERTIFICATE OF DEATH

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

Henry Gerke

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

April 8, 1841

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

89

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Albrecht

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Hett Krown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

*George W. Philpotts
680 Marshall Ave Webster Groves Mo.*

15. FILED

MAY 19 1930

Chas C Stanley
REGISTRAR

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

May 17 1930

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 5*, 1930, to *May 13*, 1930 that I last saw him alive on *May 17*, 1930 and that death occurred, on the date stated above, at *8:30* P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemiplegia

CONTRIBUTORY (SECONDARY)

131

1290 (duration) yrs. mos. ds.

(duration) yrs. *5* mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *nothing*

(Signed) *George W. Philpotts* M. D.

May 19, 1930 (Address) *4439 Florist Place*

*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

DATE OF BURIAL

Friedens

May 20 1930

20. UNDERTAKER

Math. Hermann and Son
ADDRESS *2061 E. Fair Ave.*

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

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