

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

Do not use this space.

**26673**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **1828 Wash**)

File No.....  
 Registered No. **7846**  
 St. .... Ward

**2. FULL NAME** Anna Gerhold

(a) Residence. No. **1828 Wash** St., **21** 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 OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Gerhold**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **November 28, 1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**67** **7** **15**

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) **St. Louis, Missouri.**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Frederick Peining**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

14. INFORMANT **Fred Gerhold**  
 (Address) **1828 Wash**

15. FILED **11 15 1931** REGISTRAR **W. E. Stanley**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 13 1931**

17. I HEREBY CERTIFY, That I attended deceased on **July 9<sup>th</sup>**, 1931 to **July 13**, 1931, that I last saw her alive on **July 13**, 1931, and that death occurred, on the date stated above, at **6** p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Heat Exhaustion**

**1911** (duration) yrs. mos. **5** ds.

CONTRIBUTORY (SECONDARY) **1911** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Same**  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **No.** DATE OF

WAS THERE AN AUTOPSY? **No.**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**  
 (Signed) **Ed W. Roesing** M.D.

**7/15**, 1931 (Address) **2125 Sidney 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

**New St. Marcus**

20. UNDERTAKER **Wacker-Heldede**  
 DATE OF BURIAL **July 16<sup>th</sup> 1931**  
 ADDRESS **2331 south Broadway**

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.

*Handwritten signature and notes on the right margin.*

