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

Do not use this space.

33022

1. PLACE OF DEATH

County ..... Registration District No. 761 ~~1000~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9902

City St. Louis (No. St. Lukes Hospital. St. ..... Ward)

2. FULL NAME Phyletle Gerber Stewart

(a) Residence, No. 2624 Roseland Tr. St., 12 Ward. St. Louis Co. Mo
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alexander Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4, 1883

7. AGE: YEARS 47 | MONTHS 10 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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): Hermitite Mo.

FATHER

13. NAME: Louis Gerber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Sarah Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo.

17. INFORMANT (ADDRESS): Alexander Stewart 2624 Roseland Tr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 9-24- 1931

19. UNDERTAKER (ADDRESS): Robert Neubrunn Jr. Inc. 6633 Clayton Rd.

20. FILED SEP 22 1931 19 Max C. Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Sept. 22, 1931
I last saw her alive on Sept. 21, 1931. Death is said to have occurred on the date stated above, at 1:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis gangrenous	

Other contributory causes of importance:
Cerebral embolus

Name of operation Appendicitis - drainage Date of 9-10-31
What test confirmed diagnosis? ..... 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) Ellen K. Dixon, M. D.
(Address) Beaumont Bldg.