

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

Do not use this space.

5851  
804

**1. PLACE OF DEATH**

48 County Jackson Registration District No. \_\_\_\_\_  
Township Kane Primary Registration District No. \_\_\_\_\_  
10 City Kansas City (No. Memorial Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

7 Anna Gerchow  
(a) Residence, No. 2422 E 12<sup>th</sup> St. 9 Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Gerchow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 — — — — —  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at. Home  
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) Russia  
13. NAME Alexander Jacob Cohen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia  
15. MAIDEN NAME Not known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
17. INFORMANT Jacob Gerchow (ADDRESS) 2422 E 12<sup>th</sup>  
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 2-19-1933  
19. UNDERTAKER J. F. Lewis and Co. (ADDRESS) City  
20. FILED 2-18-1933 M. M. Cagle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1933  
I HEREBY CERTIFY That I attended deceased from Feb 13 1933 to Feb 17 1933  
I last saw him alive on Feb 16 1933. Death is said to have occurred on the date stated above, at 9:15 A.M.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
hypertension - chronic  
hypertension  
Other contributory causes of importance:  
hypertension - chronic  
hypertension  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? findings 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 Dr. E. Embacher  
(Signed) Dr. E. Embacher M. D.  
(Address) Kansas City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

