

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

Do not use this space.

11651

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

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

File No. ....

Registered No. **2729**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **301 St. Anthony** St. **Ward 22**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1** yrs. **1** mos. **1** ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 20th 1933**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Gonder**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 6th 1933** to **Mar. 20th 1933**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 22nd 1897**

I last saw him alive on **Mar. 20th 1933** Death is said to have occurred on the date stated above, at **9:15 P.M.**

| 7. AGE | YEARS     | MONTHS   | DAYS       | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|------------|----------------------------------|
|        | <b>56</b> | <b>0</b> | <b>26.</b> |                                  |

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **water**

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

**Pulmonary Tubercular**

**B3A**

**B3**

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

13. NAME **Wm. Gonder**

14. BIRTHPLACE (CITY OR TOWN) **Pa.** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Willard**

16. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

17. INFORMANT **Hospital Information** (ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **March 23 1933**

19. UNDERTAKER **Grand Heetlage** (ADDRESS) **312 St. Louis**

20. FILED **MAR 22 1933** **Ray O. Parker** Registrar

Name of operation..... Date of.....

What test confirmed diagnosis? **Elm.** 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? **Y**

If so, specify..... (Signed) **Dr. [Signature]**, M. D. (Address) **City Hospital**

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.

Gordon