

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

Do not use this space.

18772

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis Mo. (No. St. Paul Hosp) St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME

Gerhard Samhorst
 (a) Residence, No. 2523 N. 9th St St. 26 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sora Samhorst</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3 - 1873</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>-</u>	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocer</u>			
	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) <u>Germany</u>				
FATHER	13. NAME <u>Gerhard Samhorst</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Sora Samhorst</u> (ADDRESS) <u>2523 N. 9th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Celvaria</u> DATE <u>May 28, 1934</u>				
19. UNDERTAKER <u>Hy. Leidner and Co</u> (ADDRESS) <u>27 1/2 N. 17th Market St.</u>				
20. FILED <u>J. Beebeck</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934, to May 25, 1934, 1934
 I last saw him alive on May 25, 1934. Death is said to have occurred on the date stated above, at 7:58 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Sepsis following amputation of both legs.
 Date of onset 1930?
 May 1

Other contributory causes of importance:
Amputation both legs
 Name of operation Amputation both legs Date of May 1
 What test confirmed diagnosis? Blood 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 Thomas P. Wilson M. D.
 (Signed) Thomas P. Wilson M. D.
 (Address) 4105 W. Flourissant

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.

JUN 19 1934

THIS IS A PERMANENT RECORD

