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.

OCT 11 1934

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

Do not use this space.

34078

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Missouri Baptist Hospital St. ..... Ward)

File No. .....

Registered No. 3849

2. FULL NAME Oswald Gerhardt

(a) Residence, No. 1817 Rauschenbach Ave St., 20 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antonia Thauwald Gerhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1869

7. AGE: YEARS 65 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Mfg

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) Altenburg Mo

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Oscar Gerhardt 1817 Rauschenbach

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem Sept 5, 1934

19. UNDERTAKER (ADDRESS) Seiderwieden Funeral Home 1936 St Louis Ave

20. FILED 9-4 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1934, to 9/2/34, 19

I last saw him alive on 9/1/34, 19 Death is said to have occurred on the date stated above, at 4:30 AM

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

Carcinoma of Larynx — Date of onset 2/10/33

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Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas P Martin MD

(Address) 3903 Lee Av