

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

DEC 6 MAY 10 1938

13347
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township **St. Louis** Primary Registration District No. Registered No. **3954**
(c) City (d) Street No. **City Hospital No. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **27** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gilbert Fahlbush 412
(a) Residence, No. **2111 Cherokee** st. **24** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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 **Anna Belle Fahlbush**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1900**

7. AGE YEARS **37** MONTHS **9** DAYS **9** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Monsanto Chem Co**
9. Industry or business in which work was done, as saw mill, bank, etc. **packer**
10. Date deceased last worked at this occupation (month and year) **Feb 9, 1935** 11. Total time (years) spent in this occupation **17**

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

FATHER 13. NAME **Bill Fahlbush**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Lilly Fahlbush** *husband name unknown*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW ST MARCUS** DATE **April 28, 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry L. Weidenmuller 6203 Gravois**

20. FILED 19 **38** **J.F. Bredner** (Signature)
APR 28 1938 (Stamp)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/26/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **4/25/38** 19 to **4/26/38** 19.
I last saw him alive on **4/26/38** 19. Death is said to have occurred on the date stated above, at **4.15 p.**
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance: **JO**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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?
If so, specify **Pulmonary Tuberculosis**
(Signed) **Pedward P. Voth**, M. D.
(Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3693

W. W. Weidemann

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

W. W. Weidemann

Licensed Embalmer No. 3693

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.