

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

Do not use this space. *of*

**AUG 30 1937**

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 789

File No. 28318

Township Central

Primary Registration District No. 6033

Registered No. 196

City St. Louis (No. 6932 Parkdale Ave.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gertrude Gohn Gertrude Gohn

(a) Residence, No. 6932 Parkdale St. 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 Female 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 John Uriel Gohn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1886

7. AGE YEARS 51 MONTHS 1 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) unknown Massachusetts

13. NAME William A. Farnum

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

15. MAIDEN NAME Carrie B. Huchleffe

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

17. INFORMANT John Uriel Gohn (ADDRESS) 6932 Parkdale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 17, 1937

19. UNDERTAKER (ADDRESS) Wm. L. L. Co. 2707 N. Grand Bl.

20. FILED 7-16-37 Wm. L. L. Co. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-17-1937, to 7-15-1937. I last saw her alive on 7-14-1937. Death is said

to have occurred on the date stated above, at 5:00 a.m.

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

Acute myocarditis

Date of onset 3 wks

Other contributory causes of importance:

Chr. Myocarditis  
Pellagra

1 mo 6 yrs

Name of operation none Date of no

What test confirmed diagnosis? physical 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 none

(Signed) Wm. L. L. Co., M. D.

(Address) 340 Bermuda

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.

