

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

Do not use this space.

38833

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. 11569  
 Township..... Primary Registration District No. 1003 Registered No. ....  
 City St. Louis (No. 2722 Arlington Ave St. .... Ward)

**2. FULL NAME**

Gustave H Gavelman  
 (a) Residence. No. 2722 Arlington St. 6 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Louisa Gavelman  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 2 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Machinist  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14.**

INFORMANT Louisa Gavelman  
 (Address) 2722 Arlington

**15.**

DEC 26 1927  
 FILED M. C. Starkloff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1927, to Dec 24, 1927, that I last saw him alive on Dec 24, 1927, and that death occurred, on the date stated above, at 4:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Atherosclerosis - 93C  
99  
162  
 (duration) ? yrs. ? mos. ? da.  
 CONTRIBUTORY Chronic myocarditis - Dehiscence - Sarcoid  
 (SECONDARY)  
 (duration) ? yrs. ? mos. ? da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Arthur H. de Mary, M. D.

12/25, 1927 (Address) 4046 N. Grand Bl.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Elmhurst, Illinois Dec 27 1927

**20. UNDERTAKER**

**ADDRESS**

Brehmann Local 1905  
Union

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.

7046 N. <sup>0</sup> ~~...~~

Col. 8090