APR 30 1930

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

Do not use this space.

10195

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township ~~Central~~ — Primary Registration District No. 6248 H — Registered No. 60
City Richmond Heights (No. 1115 Yale Ave St. Ward)

2. FULL NAME Albert S. Gelan
(a) Residence. No. 1115 Yale Ave St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle H. Gelan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	7	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman Candy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington D
(STATE OR COUNTRY) Dis. of Columbia

PARENTS
10. NAME OF FATHER Louis S. Gelan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Peg Kaiser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Estelle H. Gelan
(Address) 1115 Yale Ave.

15. FILED 3/18, 1930 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1930

17. I HEREBY CERTIFY, That I attended deceased from , 1930, to Mar 16, 1930 that I last saw him alive on Mar 16, 1930 and that death occurred, on the date stated above, at 4.10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94B
94A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary Sclerosis
Unknown (duration) yrs. mos. ds.

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?
(Signed) Jerry Manting, M. D.
, 19 (Address) 5655 Delmar

*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
St Peters Cem.	3-19 1930
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave

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.

Dr [illegible]
5724 Cabany