

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

Do not use this space.

37570

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1005
 City St. Louis (No. 4460 Anderson Ave) St. _____ Ward _____

File No. _____
 Registered No. 10651
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4460 Anderson Ave St. 7 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 37, 1835

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 4 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Bernhard Gaussmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Wm. Kufner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Frank Dickman
 (Address) 4460 Anderson Ave

15.

FILED NOV 10 1939 (Mary C. Stanley) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1939

17. HEREBY CERTIFY, That I attended deceased from June 1st, 1939, to Nov 5th, 1939 that I last saw him alive on Nov 5th, 1939 and that death occurred, on the date stated above, at 5:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

POB

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(SIGNATURE) W. J. Beck M. D.

Nov 10, 1939 (Address) 4155 W. Germania on

*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

Sunset Burial Park Nov. 12 1939

20. UNDERTAKER

ADDRESS

Math. Hermann & Son 46 E. Fair Cr.

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.

RECORD THIS IS A PERMANENT RECORD

