

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

Do not use this space.

3674

**1. PLACE OF DEATH**

County.....  
 Registration District No. 701  
 Township.....  
 Primary Registration District No. 1109  
 City St. Louis (No. En route City Hospital #11)  
 File No. ....  
 Registrar No. 910  
 Ward) .....

**2. FULL NAME**

(a) Residence. No. 428 Fairview Ave Sta. 23 Ward. Webster Groves Mo  
 (Usual place of abode) Webster Groves Mo  
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 18 - 1877</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>2</u>
		DAYS
		<u>3</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Clerk 253</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Bindery Co.</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn 2</u>		
PARENTS	10. NAME OF FATHER <u>John Gass</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
	12. MAIDEN NAME OF MOTHER <u>Margaret Genny</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21, 1931  
 17. no physician attendance  
 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 11:40 P.M.

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

Chronic Myocarditis  
930 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

930 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Jones, M.D.  
1/23, 1931 (Address) Dep Cerone

\*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.

14. INFORMANT (Address) <u>Mrs. E. Williams</u> <u>428 Fairview Webster Groves Mo.</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>New St. Marcus</u>	DATE OF BURIAL <u>Jan 24, 1931</u>
15. FILED <u>1931</u> <u>Prof. C. Starker</u> REGISTRAR	20. UNDERTAKER <u>Wacker Helderle</u>	ADDRESS <u>2331 S. Belmont</u>

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

