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

Do not use this space. 14668

1. PLACE OF DEATH

County: Jefferson, Co. Registration District No. 423 File No. 15

Township: Rock Primary Registration District No. 5578 Registered No.

City: (No. Lemay Ferry Rd., Maxwell. St. Ward)

2. FULL NAME Henry Gassmann

(a) Residence. No. 1742 Nicholsen, St. Louis, Mo 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.

MAY 25 1931

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: Ida Gassmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7		

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Ida Gassmann
(Address) 1742 Nicholsen

15. FILED 4-18, 1931 H. W. Ebel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17, 1930

17. I HEREBY CERTIFY, That I attended deceased from ~~Colonic~~ ~~Regional~~, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbolic acid poisoning
No suicide intent
179.00 (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) (duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? signs clinical
(Signed) Walter Gibson, M. D.
, 19 (Address) Dept. of Health, Jefferson City, Mo.

*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: Park Lawn Cemetery — DATE OF BURIAL: Apr. 20, 1931.

20. UNDERTAKER: Southern Undt. Co. — ADDRESS: 6320 S. Grand, St. Louis, Mo.

IMPORTANT: 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.