

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

Do not use this space.

11902

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10087
City St. Louis (No. In Anthony's Hospital)
Registered No. 3025 Ward

2. FULL NAME

(a) Residence, No. 3312 Missouri Ave 16 St. 16 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Gessner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8 - 1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>9</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Joseph Gessner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Graft</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Florence Gessner</u> <u>3312 Missouri Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneset</u> DATE <u>May 31 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker, Selderle</u> <u>2330 S. 3rd St.</u>		
20. FILED <u>R 311 1933</u> 19 <u>May 31 1933</u> Registrar <u>W. C. ...</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1933 to March 28, 1933
I last saw h..... alive on March 28, 1933 Death is said to have occurred on the date stated above, at 9:12 m.
The principal cause of death and related causes of importance were as follows:
asphyxiated by strangled
ribbral regurgitation
131
92A
Other contributory causes of importance: 131

Name of operation none Date of.....
What test confirmed diagnosis? Choked Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) F. M. ..., M. D.
(Address) 2900 ...

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

