

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

Do not use this space.

DEC 13 1934

791

40804

**1. PLACE OF DEATH**

County..... Registration District No. **1003**  
 Township..... Primary Registration District No. ....  
 City **St. Louis** (No. **4360 Gertrude Ave.**) St. **10748** Ward)

**2. FULL NAME** **Louis B Gelzheuser**

(a) Residence, No. **4360 Gertrude Ave.** St. **2** Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 10th. 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**67 0 28**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Ret. City Fireman**

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) **St. Louis, Mo.**

13. NAME **Henry Gelzheuser**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Charlotte Teumann**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass.**

17. INFORMANT (ADDRESS) **Nettie Gelzheuser 4360 Gertrude Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Oak Grove Mausoleum Nov. 10th 1934**

19. UNDERTAKER (ADDRESS) **W. Schumacher 3013 Merameo Street**

20. FILED **Nov - 9 1934 Jos. P. Ordeck Registrar.**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7th. 1934**

22. I HEREBY CERTIFY, That I attended deceased from **November 4th 1934** to **November 6th 1934**  
 I last saw him alive on **November 6th 1934** Death is said to have occurred on the date stated above, at **3:25 AM**

The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** Date of onset **5/1900**  
**Chronic Endocarditis (Aortic)**  
**Essential Hypertension**  
**Chronic tubercular nephritis**  
**Coronary Arteriosclerosis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **phys. exam.** 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? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **Walter H. Teumann**, M. D.  
 (Address) **5605 E. Florissant Ave**

WHITE PRINTING, 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.

181

5005<sup>a</sup> Gravens

9-10

I will call back for mail  
in 1/2 hour please