JUN 5 1936

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

Do not use this space.
20872

791
1003

File No. 5063
Registered No.

**1. PLACE OF DEATH**

County
Township
City St Louis (No. 4330 Connecticut St. Ward)

Registration District No.
Primary Registration District No.

**2. FULL NAME** Charles Gass.

(a) Residence, No. 4330 Connecticut 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 54 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Theresa Gass.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1875

7. AGE: Years 61 | Months 2 | Days 29 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Moulder.
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): Germany

FATHER

13. NAME: Andrew Gass.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Rosina Schuber.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Theresa Gass
(ADDRESS) 4330 Connecticut St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sun Set Park DATE May 12, 1936

19. UNDERTAKER: Thos Lutis
(ADDRESS) 6806 Gravois Av

20. FILED MAY 10 1936, 19 J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935, to May 9, 1936
I last saw h... alive on May 9, 1936. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. Myocarditis | ? |
| Ch. Interst. nephritis | ? |

Other contributory causes of importance: 31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) L. Berg, M. D.
(Address) 2253 Nebraska Av

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

Form 100M-3-28-35