DEC 28 1937

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

42354
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Ferguson Tow. Registration District No. 333
(b) Township St. Ferdinand Primary Registration District No. 4468 Registered No. 210
(c) City Ferguson (d) Street No. 215 Railroad Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John P. Gelser.
(a) Residence, No. 215 Railroad Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Dora Gelser.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as saw mill, bank, etc. Cohnberg Market.
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, Missouri.

FATHER
13. NAME John Gelser.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

MOTHER
15. MAIDEN NAME Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT Mrs. Dora Gelser
(ADDRESS) 215 Railroad Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charlestown DATE Nov. 20 1937

19. FUNERAL DIRECTOR Geo. L. Pletsch Inc.
(ADDRESS) 5966 Easton Ave.

20. FILED 11-19, 1937 W. A. Zeitler Local Registrar.

Per L. Smith (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7 yrs.
440	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Medical History 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) John J. Connell M. D.
(Address) Coroner, St. Louis Co.

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.

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)