

JAN 24 1938

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

46672
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033 Registered No. 335
(c) City St. Louis (d) Street No. 3718 Melba Place, Normandy Mo. St. Mo.
(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 Albert F. Gammeter.
(a) Residence, No. 3718 Melba Place, Normandy Mo. St. Mo.
(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 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 Elsie Gammeter.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th, 1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Treasurer
9. Industry or business in which work was done, as saw mill, bank, etc. Budget & Beach
10. Date deceased last worked at this occupation (month and year) Stone & Co.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland. 26

FATHER
13. NAME Samuel Gammeter. 26

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 26

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Elsie Gammeter.
(ADDRESS) 3718 Melba Place, Normandy Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE December 9, 1937

19. FUNERAL DIRECTOR Riegenheim Bros -
(ADDRESS) 2623 Cherokee Street.

20. FILED 12-7 1937 Edl. Baehner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 - 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1937, to Dec 6 1937
I last saw him alive on Dec 6 1937. Death is said to have occurred on the date stated above, at 4:15 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion 12-1-37
Date of onset

Other contributory causes of importance:
44

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?
If so, specify
(Signed) J. M. Brown M.D.
(Address) 2867 1/2 Union Blvd.

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.

12-7

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270.

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

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.)