

FEB 16 1938

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

4138  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 96  
(b) Township Bonhomme Primary Registration District No. \_\_\_\_\_ Registered No. 54  
(c) City Valley Park (d) Street No. Ries Rd., Ballwin, Mo. 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 7 yrs., mos., ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred W. Gaehle, 400 R. R. #1  
(a) Residence, No. Valley Park, Mo., St. Louis Co., St. (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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Gaehle  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm  
10. Date deceased last worked at this occupation (month and year) Jan. 5, 1938  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Mo. (STATE OR COUNTRY)

FATHER 13. NAME Henry Gaehle,

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

MOTHER 15. MAIDEN NAME Sophia Ellebeck,

16. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Alfred Gaehle, Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem., Manchester, Mo., DATE Jan. 10, 38

19. FUNERAL DIRECTOR (ADDRESS) The Industrial Home, Ballwin, Mo.

20. FILED 1-8 1938 Theodore J. P. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6th 1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1937, to Jan 7, 1938  
I last saw him alive on Dec. 28, 1937. Death is said to have occurred on the date stated above, at 12:45 P. M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance: Obesity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 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) Henry Scott, M. D.  
Ballwin Mo.

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, Theo Schrader, Licensed Embalmer No. 3066

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

L. E. Theo Schrader

No. 3066 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Theo Schrader

Licensed Embalmer No. 3066

**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.)**