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

23605
Do not use this space.

1. PLACE OF DEATH REC'D AUG 12 1938
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. City Infirmary, 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6299

2. PRINT FULL NAME Sebastian Gundolf, 534
(a) Residence, No. 5800 Arsenal St. St. 13
(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: Margaret Goller.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-9-1861

7. AGE: 77 YEARS | MONTHS: 5 | DAYS: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Landscape Gardner.
9. Industry or business in which work was done, as 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): Germany. 6

FATHER
13. NAME: Joseph Gundolf, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 6

MOTHER
15. MAIDEN NAME: Margaret ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La. Crosse, Wis DATE 7-16th 1938

19. FUNERAL DIRECTOR (ADDRESS): Edith E. Ambruster 4234 Manchester St Louis Mo

20. FILED JUL 14 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24m, 1938, to July 13, 1938
I last saw him alive on July 13, 1938 Death is said to have occurred on the date stated above, at 11:00 m. P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Other contributory causes of importance: Senile dementia

Date of onset

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) E D Quick, M. D.
(Address) 5600 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

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 Howard F. Rowland

Licensed Embalmer No. 3114

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.)