

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH27246
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township Primary Registration District No.
 (c) City St. Louis Mo (d) Street No. BARNES HOSP 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.

Registered No. 7260

2. PRINT FULL NAME Michael Gaal (Mike Gaal) HAD
 (a) Residence, No. 412 De Tomty St. 17 (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 Emma Gaal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th, 1880.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
 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) Hungary 7

FATHER 13. NAME Laszlo Gaal 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary 9

MOTHER 15. MAIDEN NAME Marie Renje

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

17. INFORMANT Emma Gaal
 (ADDRESS) 4121a De Tomty St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE Aug. 17 - 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED AUG 16 1938 J. D. Bullock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 5 - 31 - 1938, to 8 - 15 - 1938

I last saw him alive on 8 - 15 - 1938. Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis nodosa (?) Date of onset 1938

Other contributory causes of importance:

Pancreas

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Y.R.S.

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 Yes

(Signed) Yes Sottler, M. D.(Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert Wheeler

..... or by

Registered Apprentice No., working under my personal supervision.

Signed *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.