REC'D SEP 12 1938

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

3 1 791 1003

27721
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, (d) Street No. En Route City Hospital 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.

Registration District No.
Primary Registration District No.
Registered No. 7735

2. PRINT FULL NAME Hugo M. Gaasch
(a) Residence, No. 4123 So. Compton Ave. St. 15
(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*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1910

7. AGE: Years 28 | Months 4 | Days ~~15~~ 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Press-Operator
9. Industry or business in which work was done, as saw mill, bank, etc. Liquid Carbonic Co.
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) Robertsville Mo. 0

FATHER
13. NAME Jacob Gaasch 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robertsville Mo. 0

MOTHER
15. MAIDEN NAME Frances Hanneken
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robertsville Mo.

17. INFORMANT Alvina Hanneken
(ADDRESS) 4127 So. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moselle Mo. DATE Sept 8 1938

19. FUNERAL DIRECTOR J. H. Gebken & Son Co.
(ADDRESS) 2842 Meramec St.

20. FILED AUG 31 1938 J. E. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1938

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 12 00 Noon m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Gun shot wound in the right temple, self inflicted at his home 4123 S. Compton Ave., on August 30th, 1938, at about 12:00 o'clock noon.

Other contributory causes of importance:

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? Suicide Date of injury 8/30/, 19 38
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home
Manner of injury
Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Hermah A. Gebken, Licensed Embalmer No. 2120

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 Herman A. Gebken

Licensed Embalmer No. 2120

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.)