

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

**3704**  
Do not use this space.

DECD FEB 27 1939

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 775  
 (b) Township Ferry Primary Registration District No. 6077-A Registered No. 11  
 (c) City Osborne (d) Street No. \_\_\_\_\_ 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.

2. PRINT FULL NAME Fred Gandolt  
 (a) Residence, No. Osborne St.  (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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene Gandolt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1857  
 7. AGE YEARS 81 MONTHS 2 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) St. Francois County Missouri  
 FATHER 13. NAME Joseph Gandolt  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Mary Mueller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Edward Gandolt  
Osborne St. Francois Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE B.S. Cemetery DATE Jan. 30, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis  
Osborne St. Francois Mo  
 20. FILED Jan. 30, 1939. N. W. Hawkins Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939, to January 28, 1939. I last saw him alive on January 27, 1939. Death is said to have occurred on the date stated above, at 11:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cardio-vascular renal disease  
 Date of onset 1931  
 Other contributory causes of importance: 121  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical findings 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) Daniel Church, M. D.  
 (Address) Osborne St. Francois 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, C. J. Claywell

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bound Brook, N.J.

**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.**