

REC'D JUN 1 1939

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

17150

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. Alexian Bros. 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.

2. PRINT FULL NAME

240 Charles G. Gesell
(a) Residence, No. 3968a Ashland Ave. St. 10 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Sept. 29, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Claim clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Missouri Pacific
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation R. R.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0
13. NAME Charles F. Gesell 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0
15. MAIDEN NAME Louisa Wepfer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo. 0

17. INFORMANT (ADDRESS) Thelma Gesell
5628 Lisette Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE 5-24, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuaries
4228 So. Kingshighway
20. FILED J. F. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/1/39, 1939 to 5/22/39, 1939.
I last saw him alive on 5/22/39, 1939. Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:
Acute Pneumonia
Chronic alcoholism
Date of onset
Sept. 29 - 1877
Other contributory causes of importance:
Sanguine of rt. toe
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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?
If so, specify W. Manton
(Signed) W. Manton M. D.
(Address) 602 - N. Grand.

(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.

RECORDED WITH ORIGINAL IN THIS IS A PERMANENT RECORD

MAY 23 1939

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

Signed..... *Edwin M. Bernath*

Licensed Embalmer No..... *3024*

P. O. Address.....

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.