

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34040
Registrar's No. 8737

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(c) Name of hospital or institution:
Olympia Apartments.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Rosalee Gesellschap.

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Robert A. Gesellschap. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. October 6, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 0 16 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.....

12. Name Anthony Wedemeyer

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose M. Kraeg.
Germany

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Robert A. Gesellschap.

(b) Address 6916 Roberts Ave.

17. (a) Burial (b) Date thereof 10-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Arthur J. Connelly

(b) Address 3840 Lindell Blvd

19. (a) OCT 23 1940 (b) J. J. Paduch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL") NR
(d) Street No. 6916 Roberts Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd
year 1940 hour 12 minute 01 A. M.

21. I hereby certify that I attended the deceased from June 24-40
to October 21, 1940
that I last saw her alive on Oct 19-1940
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Colon

Due to Hepatic Metastases

Due to Chronic Liver

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations as above

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of injury) (e) Manner of injury.....

23. Signature J. J. Paduch (M. D. or other) 10-27-40
Address 4962 Kingsland Date signed

Mr. W. H. Van Matre
#952 Mayland on
1-30

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.