No. 2
11-10-39
-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34112

Registration District No. 7911 — Primary Registration District No. — Registrar's No. 8809

NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4453 Neosho st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4453 Neosho
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Elizabeth Gass

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Gass

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased January (Month) 22 (Day) 1863 (Year)

8. AGE: Years 77 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation At Home 5

11. Industry or business 1

FATHER
12. Name Wendell Hartmann
13. Birthplace (City, town or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christina Lang
15. Birthplace (City, town or county) Germany (State or foreign country)

16. (a) Informant Mrs. Hy. Wied
(b) Address 805 A. Eichelberger st.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Oct. 27-40 (Month) (Day) (Year)

(c) Place; burial or cremation Waterloo, Illinois

18. (a) Signature of funeral director C. Hoffmeister Mortuary Co.
(b) Address 7814 S. Broadway

19. (a) OCT 25 1940 (Date received local registrar) (b) J. F. Budlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1940 hour 12 minute 45 a. M.

21. I hereby certify that I attended the deceased from Oct 21, 1940, to Oct 25, 1940, that I last saw her alive on Oct 25, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic arterio Sclerosis	10 yrs
Due to: Cerebral Hemorrhage	5 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 place)
While at work? (e) Means of injury

23. Signature Adam Uyoungman (M. D. or other)
Address 5439 Bravais Date signed 10/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edward H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 1164 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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