

Registration District No. 784

Primary Registration District No. (11)

Registrar's No. 2448

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmonds Hgts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limit, write "RURAL")
(d) Street No. 3602 Milton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1946 hour 10:00AM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

3. (a) PRINT
FULL NAME

Albert B. Gass

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Catholic Priest

11. Industry or business _____

12. Name Leo Gass

13. Birthplace France (City, town, or county) (State or foreign country)

14. Maiden name Theresa Numburg

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Ida Franck

(b) Address 7808 Persythe

17. (a) Burial (b) Date thereof 12 23 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lockland Rd

19. (a) DEC 22 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Coronary Thrombosis 4 days

Due to _____

Arterio Sclerosis ? yrs

Due to _____

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

Major findings:
Of operations _____

Coronary Thrombosis
Terminal pneumonia

Duration
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Rashusella (M. D. or other) _____

Address Beaumont Bldg Date signed _____

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

NOV 19 1943

NOV 29 1943

DEC 11 1943

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 Al C Ostmann

Licensed Embalmer No. 3478

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.