

FILED MAR 24 1942

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **1895**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **Christian Hospital**
 (d) Length of stay: In hospital or institution. **5 days**
 In this community **35 Years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
 (d) Street No. **2303a Angelica St.**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **John Gonser**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **February** day **26**, year **1942** hour **11:00 PM**

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

21. I hereby certify that I attended the deceased from **Feb 26** to **Feb 26**, 19 **42** and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **Not known** years

Immediate cause of death **Bronchial Pneumonia**

7. Birth date of deceased **Not known**

Due to **Coronary Occlusion**

8. AGE:	Years	Months	Days	If less than one day
About	71			hr. min.

Due to **Arterial Sclerosis**

9. Birthplace **Germany** (City, town, or county) **4** (State or foreign country)

Other conditions **no** (Include pregnancy within 3 months of death)

10. Usual occupation **Retired**

PHYSICIAN **—**

11. Industry or business

Major findings: Of operations **no** Of autopsy **no**

MOTHER FATHER { 12. Name **Unknown** 13. Birthplace **Germany** 14. Maiden name **Unknown** 15. Birthplace **Germany**

16. (a) Informant **Mr. A.C. Hilmer Exec.** (b) Address **2303a Angelica St.**

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

17. (a) Burial (b) Date thereof **3/2/42**

(a) Accident, suicide, or homicide (specify) **1**

(c) Place: burial or cremation **Oak Grove Mausoleum**

(b) Date of occurrence **4**

18. (a) Signature of funeral director **Math Hermann & Son**

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

(b) Address **2161 East Fair Ave**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

19. (a) **MAR 1 1942** (b) **J. F. Bredeek** (Registrar's signature)

23. Signature **Geo. A. Mellick** (M. D. or other)

Address **2739 N. Grand** Date signed **2-25-42**

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..... *Francis A. Williamson*
Licensed Embalmer No. *3565*
P. O. Address..... *St Louis Mo.*

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.