

**FILED MAR 15 1943**

Registration District No. **2**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution 4941 Delor St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9M

(d) Street No. 4941 Delor St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Gysbers

3. (b) If veteran, name war no

3. (c) Social Security No. 494-05-5940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28  
year 1943 hour 7 minute 45 P. M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Barrie Gysbers

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. 28 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1942 to Feb - 28 1943

that I last saw him alive on Feb - 28 1943

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58 6 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Posterior Coronary Thrombosis 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Angina Pectoris  
(Include pregnancy within 9 months of death)

9. Birthplace Bernsmark  
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet maker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Gysbers

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

{ 14. Maiden name Bertha Bondler

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Carrie Gysberg

(b) Address 4941 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. F. Buddek

(b) Address 4238 So. Linn Highway

19. (a) MAR 7 1943 (b) J. F. Buddek  
(Date received local registrar's) (Registrar's signature)

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 C. Barnett (M.D. or other) \_\_\_\_\_

Address 243 W. Jefferson Date signed 3-4-43

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

Mr Bennett  
248 Hudson St  
2-4

**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 Richard W. Stoverand

Licensed Embalmer No. 4007

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, fact should be so stated above.**