

FILED MAY 14 1943

Registration District No.

318

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3836 Minnesota Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Charles A. Gander**

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

4. Sex..... **Male**  
 5. Color or race..... **White**  
 6. (a) Single, widowed, married, divorced..... **Married**  
 6. (b) Name of husband or wife..... **Louisa Gander**  
 6. (c) Age of husband or wife if alive..... **71** years  
 7. Birth date of deceased..... **March 12, 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days  
**69** **1** **21**  
hr. min.

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

10. Usual occupation..... **St. Louis**

11. Industry or business..... **City Fireman**

12. Name..... **John Gander**

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

14. Maiden name..... **Mary Klein**

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

16. (a) Informant..... **Louisa Gander**

(b) Address..... **3836 Minnesota Avenue**

17. (a) **Burial** (b) Date thereof **5 6 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Park Lawn Cemetery**

18. (a) Signature of funeral director..... **Wacker, Hildebrand & Co.**

(b) Address..... **3634 Gravois Avenue**

19. (a) **MAY 6 1943** (b) **J. J. Madrak**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
 (c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **3836 Minnesota Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... -- (Yes or No)  
 If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **3**  
 year..... **1943** hour..... **12** minute..... **15** P. M.

21. I hereby certify that I attended the deceased from..... **May 1**  
 19**43** to..... **May 3** 19**43**  
 that I last saw him alive on..... **May 3** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Hemorrhage**

Due to..... **Arteriosclerosis**

Due to.....

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

Major findings:  
 Of operations.....

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?

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

23. Signature..... **A. Schlossstein** (M. D. or other) **0**  
 Address..... **3153 Longfellow** Date signed..... **5/4/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*Frank J. Highland*

Licensed Embalmer No.....

P. O. Address.....

*2645  
St. Louis*

**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.**