

FILED OCT 13 1943

1003

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 8672

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert F. Gasser.

3. (b) If veteran, name war World War 3. (c) Social Security No. 494-05-5095

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

6. (b) Name of husband or wife Lois Gasser 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased: MAR 17 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Motion Picture Operator

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Gasser

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

14. Maiden name Bertha Schare

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

16. (a) Informant Mrs. Bertha Gasser

(b) Address 2021a Obear Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. J. Buddeck
2117 E. Grand Blvd.

(b) Address OCT 1 1943

19. (a) OCT 1 1943 (Date received local registrar) J. J. Buddeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2021a Obear Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1943 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 27
1943, to Sept 29 1943
that I last saw him alive on Sept 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc pneumonia
Duration 7 days

Due to _____
Due to 108
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 10
23. Signature Peter A. Eck (M. D. or other)
Address 4701 St. Louis Date signed 9/29/43

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

OCT 18 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..... *Alfred J. Boedeker*
Licensed Embalmer No..... *2663*
P. O. Address..... *5934 Alpha*

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.