

FILED JAN 3 1944
Registration District No. 3747

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis, Riverview Garden
(c) Name of hospital or institution:
10024. Sterling Drive.
(d) Length of stay: In hospital or institution 3 Years, 1 Mon. 27 Days.
In this community 3 Years, 1 Mon. 27 Days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis, Riverview Garden
(d) Street No. 10024. Sterling Drive.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Bernardine, Gassel
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive Child
7. Birth date of deceased: 10 23 1940
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Bernard, Gassel
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louise, Zugmaier
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard, Gassel
(b) Address 10024. Sterling Drive.

17. (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) DEC 23 1943 (b) C. L. Mc Lamm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1943 hour 6 minute p.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death EMPHYEMA, LEFT CHEST

Due to Pneumonia (Broncho-)

Due to _____

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

Major findings:
Of operations _____
Of autopsy Above

Duration _____
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) (d) Means of injury ---

23. Signature H. S. Prentiss, M.D.
Address 601 Brentwood Date signed 12/20/43

JAN 7 1944

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 Marie A. Cashion
Licensed Embalmer No. 3949
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.