

FILED AUG 8 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6606**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
**1323a S. 6th St. /**  
(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)

3. (a) PRINT FULL NAME **Charlotte Cinnater**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **May 18 1885**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **2** Days **9** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Home**

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

MOTHER FATHER { 12. Name **John Gassner**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Cinnater**

(b) Address **1323a S. 6th St.**

17. (a) **Burial** (b) Date thereof **July 29, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Walter Felderle**  
**3634 Gravois Ave.**

(b) Address \_\_\_\_\_  
19. (a) **JUL 28 1944** (b) **J. F. Bruden**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County **000**  
**17**  
(c) City or town **St. Louis** **923**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1323a S. 6th St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27** 00 A.  
1944 year hour minute M.

21. I hereby certify that I attended the deceased from **7-26**  
1944, to **7-27**, 1944  
that I last saw her alive on **7-27**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature **L. F. Murray** (M. D. or other) \_\_\_\_\_  
Address **900 Russell** Date signed **7-28-44**

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

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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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address 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.**