

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4720a Milentz Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Gale
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John R. Gale
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 29, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 14 hr. min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
10. Usual occupation At home

11. Industry or business
12. Name Philip Schaefer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Berger
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Gale
(b) Address 4720a Milentz Ave
17. (a) Burial (b) Date thereof 3/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAR 17 1945 (b) J. T. Bredner
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1945 hour 7:15 PM minute _____ M.
21. I hereby certify that I attended the deceased from Mar. 14
_____ 1945, to March 14 1945
that I last saw her alive on March 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Adventitious
Arterio-sclerosis
of the coronary arteries
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)
(c) Means of injury 0
Signature Arthur Ross (M. D. or other) M. D.
Address 1918 1/2 Grand Date signed _____

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

Gustav W. Duteil

Licensed Embalmer No. *4329*

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.