

No. 2
DOM-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED DEC 9 1946

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **0072**

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4600 Quincy
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Paul Gurschler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Eulalia

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 19 1869 1870
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>76</u> | <u>2</u> | <u>3</u> | hr. _____ min. _____ |

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Builder

11. Industry or business _____

12. Name John Gurschler

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

14. Maiden name not known

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

16. (a) Informant Eulalia May Gurschler

(b) Address 4600 Quincy

17. (a) Burial (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) NOV 26 1946 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1946 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from 11-12
1946, to 11-22 1946
that I last saw him alive on 11-22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Hydrostatic

Due to _____

Other conditions Post operations
(Include pregnancy within 3 months of death)

Arteriosclerosis 17-16-46

Major findings: same

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 P. B. Capelton (M. D. or other) MD

Address 3784 Lumbard Date signed 11-22-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER: FATHER:

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, 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.