

4-3
7-39
(3667)

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

Registration District No. **318**

Primary Registration District No. **1003**

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:
1800^e Dolman 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 Anna M. Gehl.

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 widow

6. (b) Name of husband or wife John Gehl

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

7. Birth date of deceased Sept. 17 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michel Petri

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

14. Maiden name Anna Unkn.

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

16. (a) Informant John Gehl Jr.

(b) Address 1800^e Dolman St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12-31-46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marcys

18. (a) Signature of funeral director Witt Bros & Nlo

(b) Address 2938 S. Jefferson Av

19. (a) UCL JU 1946
(Date received local registrar)

(b) J. F. Brudack
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County St. Louis

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

(d) Street No. 1800^e Dolman St.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1946 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 29 1946 to December 28 1946
that I last saw her alive on December 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Asthma

Due to Arteriosclerosis

Due to Chronic Bronchitis

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)

(a) Means of injury _____

23. Signature Henry G. Pieder, M.D.
(M. D. or other)

Address 4128 S. Howard St. Date signed 12/30/46

1301
D.
W. J. H.

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..... *Harold C. Witt*

Licensed Embalmer No. *4353*

P. O. Address. *2929 S. Jefferson Ave*

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.