No. 2
—5-43
5-17-39
I X30671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19552

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1063

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 minutes (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6140 Washington 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert A. Gessellchap

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rosalie

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

7. Birth date of deceased June (Month) 19 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	22	hr. min.

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

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name August Gessellchap 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Evelyn M. Purcell
(b) Address 8718 Keystone, Brentwood

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar St. Louis

19. (a) 5-14-47 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 2 11, 1947, to May 11, 1947; that I last saw him alive on May 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Concussion of brain	2 hrs
Fracture of base of skull	2 hrs
Due to: Fall down stairs	—
Due to: —	—
Other conditions (Include pregnancy within 3 months of death) 186a	
Major findings: Of operations — 10	
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) Accident 96

(b) Date of occurrence May 11, 1947

(c) Where did injury occur? Fenton (City or town) St. Louis Co. (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fenton Hotel (Specify type of place)

While at work? (e) Means of injury Fell down stairs

23. Signature H. Zahtz, M.D. (M. D. ~~or other~~) 0

Address 601 Brentwood Blvd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No..... Primary Registration District No..... Registrar's No.....

1. PLACE OF DEATH:
(a) County ST. Louis, Missouri.
(b) City or town..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County.....
(c) City or town 6140 Washington Blv'd. (If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert August Gesellschap.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Roselie W. Gesellschap
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased June (Month) 19 (Day) 1874. (Year)

8. AGE: Years	Months	Days	If less than one day
72.	10.	22.	....hr. ....min.

9. Birthplace Germany. (City, town, or county) (State or foreign country)
10. Usual occupation Proprietor of
11. Industry or business Barber Shop.

FATHER
12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant R. A. Gesellschap, Jr.,
(b) Address 6140 Washington Blv'd.,
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 5/14/47. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blv'd.,
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1947. hour..... minute..... M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death.....	
Due to.....	
Due to.....	
Other conditions..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury.....
23. Signature..... (M. D. or other)
Address..... Date signed.....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

S-19552

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.