. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1947

Registration District No. 6077

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19716

Primary Registration District No. 6076

Registrar's No. 1149

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Ferguson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3708 Nelson Drive (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: St. Louis
(c) City or town: Ferguson (If outside city or town limits, write "RURAL")
(d) Street No.: 3708 Nelson Dr. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Gertrude B. Kassel
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edward F. Kassel
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: August (Month) 13 (Day) 1892 (Year)
8. AGE: Years 54 Months 9 Days 23 If less than one day ..... hr. ..... min.
9. Birthplace: Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: John F. Vollet
13. Birthplace: Trenton (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Mary Eisele
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Edward F. Kassel
(b) Address: 3708 Nelson Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge Ave.
19. (a) 6-9-47 (Date received local registrar) (b) Earl A. Shapiro (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1947 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw her alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	2 wks
Due to: Metastatic carcinoma	6 mo.
Due to: Cancer of uterus	1 yr.
Other conditions (Include pregnancy within 3 months of death): 4 B	

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: George W. Flynn (M. D.) Address: 3732 Lucas Place Date signed: 6/6/47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

96 3 0 96 3 0 c. 17997

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 Len C Hoffman

Licensed Embalmer No. 4366

P. O. Address Davis, 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.