S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22903

Primary Registration District No. 3065

Registrar's No. 1352

1. PLACE OF DEATH:

(a) County: St. Louis,

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

(c) Name of hospital or institution: # 3 Parkland Place. (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, 96

(c) City or town: Glendale 11 (If outside city or town limits, write "RURAL")

(d) Street No.: # 3 Parkland Place. 1 (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Freida Gessler Haenschen.

3. (b) If veteran, name war: no

3. (c) Social Security No.: no.

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed. 2

6. (b) Name of husband or wife: Walter R. Haenschen.

6. (c) Age of husband or wife if alive: Dec'd. years

7. Birth date of deceased: January 6, 1864. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83.	6.	18.	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation: At Home.

11. Industry or business:

FATHER
12. Name: Emil Gessler.
13. Birthplace: Germany. (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Freida Bek.
15. Birthplace: Germany. (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs Alice E. Schenk.
(b) Address: #3 Parkland Place.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 6/26/47. (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 Blvd.,

19. (a) 6-25-47 (Date received local registrar) (b) Carl C. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1947 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1940 to June 24, 1947 that I last saw he alive on June 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis (Chronic)	
Due to: Arteriosclerosis	
Due to: Age 93d	
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: W. Alexander Schenk MD
Address: Wilbur Lupton & Sons Date signed 6-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1941

Dr. wm. A. Smith.
111 W. Lockwood
RE-0010
Hrs. 3-5 P. M.

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.