

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 24303
Registrar's No. 6813

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

Registration District No. _____

Primary Registration District No. _____

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:
914a Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 26 914a Salisbury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie Gels

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Gels 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 24 hr. _____ min.

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

10. Usual occupation Retired Heater

11. Industry or business Rolling Mill

12. Name Christopher Gels

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

14. Maiden name Rebecca Conaway

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

16. (a) Informant Fannie Gels

(b) Address 914a Salisbury St.

17. (a) Burial (b) Date thereof 8--3--48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) AUG 3 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July AUG day 31st 1st
year 1948 hour 12:11 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Hypertrophic Myocarditis
Chronic Interstitial Nephritis
Due to _____

Duration

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

(Specify type of place)
While at work? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 8/3/48

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 *Neill B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th St.*

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.