

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39507

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4450

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton 5,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Dead on arrival. St. Louis County Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>6823 Kingsbury Blv'd.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>	b. (Middle) <u>A</u>	c. (Last) <u>GESSLER.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19, 1949.</u>
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>June 15, 1868.</u>	9. AGE (In years last birthday) <u>81.</u>	10. UNDER 1 YEAR (Months) <u>5.</u>	11. UNDER 11 HRS. (Days) <u>4.</u>	12. UNDER 11 HRS. (Hours) <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investment</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Broker.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Emil Gessler.</u>	13b. MOTHER'S MAIDEN NAME <u>Fredericka Bek.</u>	14. NAME OF HUSBAND OR WIFE <u>Alice W. Gessler.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George E. Gessler, 6823 Kingsbury Blv'd.,</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>		<u>20 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio-sclerosis</u> DUE TO (c)		<u>15 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April, 1934, to 11-19, 1949, that I last saw the deceased alive on 11-18, 1949, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert R. Lupton, M.D.</u>	23b. ADDRESS <u>220-21-4th St.</u>	23c. DATE SIGNED <u>11-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>	24b. DATE <u>11/22/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory.</u>	24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Road.</u>
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DATE REC'D BY LOCAL REG. <u>11-20-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lupton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons, 7233 Delmar Blv'd.,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

96
1-2

Dr Cleveland Shutt.
220 N. 4th Street,
CH-2345

1:30 to 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence H. Murray

Signed _____
Student Embalmer

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.