

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6573

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		2079	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4654 Cecil Pl.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Gass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29th 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 30 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Ben. H. Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Leibner</u>		14. NAME OF HUSBAND OR WIFE <u>John Gass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Gass 4654 Cecil Place</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>hypertension and type II diabetes</u> DUE TO (c) <u>congestive heart failure</u>		MEDICAL CERTIFICATION <u>Myocardial infarction</u> <u>hypertension and type II diabetes</u> <u>congestive heart failure</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Seven</u>	

19a. DATE OF OPERATION <u>July 29, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>See above</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>	
21d. TIME OF INJURY <u>7:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>420.0</u>	

22. I hereby certify that I attended the deceased from July 29, 1950 to July 29, 1950, that I last saw the deceased alive on July 29, 1950 and that death occurred at 2 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>3606 GRANDVIEW</u>		23c. DATE SIGNED <u>8-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset B. Pk</u>	
24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>					

DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <u>AUG 2 1950 [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John L. Ziegenhein & Sons</u>			
---	--	--	--	--	--

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Francis J. Quinn

Signed.....
Student Embalmer

Licensed Embalmer No. *2245*

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.