

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42265
10856

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4500 Alaska Ave,				d. STREET ADDRESS (If rural, give location) 15 4500 Alaska Ave., 0			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Gansmann,			4. DATE OF DEATH (Month) (Day) (Year) December 18, 1950				
5. SEX Male, 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, ✓	8. DATE OF BIRTH August 14, 1863		9. AGE (In years last birthday) 87	10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer,		10b. KIND OF BUSINESS OR INDUSTRY Retired 20 Yrs.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Valentine Gansmann,		13b. MOTHER'S MAIDEN NAME Eva Freihaut,		14. NAME OF HUSBAND OR WIFE Catherine Gansmann, (Dec'd.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Henrietta Gansmann, 4500 Alaska Ave.,				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 9 yrs-
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from 9-10-1947, to 12-18, 1950, that I last saw the deceased alive on 12-17, 1950, and that death occurred at 9:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Roman J. Strang U (Degree or title) M.D.			23b. ADDRESS 4500 VIRGINIA AVE.			23c. DATE SIGNED 12-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 11		24b. DATE 12/21/50	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,		
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE J. B. Forster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.			

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

[Handwritten signature]

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 me

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten signature: Leon E. Percy]

Signed.....
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.