

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2516

State File No.

FILED FEB 9 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LOUIS</u>	b. (Middle) <u>OTTO</u>	c. (Last) <u>GNADT</u>	(Month) <u>Jan</u>	(Day) <u>30</u>	(Year) <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July-8-1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Businessman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Furniture</u>		11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William J. Gnad</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Steinke</u>	14. NAME OF HUSBAND OR WIFE <u>Florence C. Gnad</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Gnad</u> ADDRESS <u>Bonne Terre, Mo</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, 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>Coronary Thrombosis</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Arterio sclerotic vascular changes</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>diabetes</u>	

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951, to Jan 30, 1952, that I last saw the deceased alive on Jan 29, 1952 and that death occurred at 1:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Desloge, Missouri</u>	23c. DATE SIGNED <u>Jan 31, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Meme Pk.</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Jan 31, 1952</u>	REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u> ADDRESS <u>Flat River, Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

0940

0940

STATE
MAY 21 1977

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.

Student
Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4536

P. O. Address Kathleen Ave

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.