

FILED MAR 5 1952

STANDARD CERTIFICATE OF DEATH

63955  
State File No. 1264

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>1 MONTH</b>		d. STREET ADDRESS (If rural, give location) <b>20 2519<sup>th</sup> NO. JEFFERSON AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PARK LANE HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b>		b. (Middle) <b>F.</b>		c. (Last) <b>GANSLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 7 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY 25, 1883</b>		9. AGE (In years last birthday) <b>68</b>	10. IF UNDER 1 YEAR Months Days Hours Mins. <b>6 8 18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAR TENDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SALON</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>FREDERICK W. GANSLER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY GERARDY</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH GANSLER</b>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-10-7729</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Gansler</b>		ADDRESS <b>2519<sup>th</sup> N. Jefferson</b>	
---	--	---	--	---	--	--	--

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Several</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
---	--	---	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>2-7-1952 5:15 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H222</b>	
---	--	--	--	--	--

22. I hereby certify that I attended the deceased from **1-15-1951** to **2-7-1952** that I last saw the deceased alive on **2-7-1952** and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clyde B. Kane</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>706 walton</b>		23c. DATE SIGNED <b>2-8-52</b>	
--	--	----------------------------------	--	-----------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/11/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>FEB 9 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz-Keller</b>		ADDRESS <b>5967 N. Howard</b>	
---	--	--	--	--	--	----------------------------------	--

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

584

**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 William G. Baukholtz

Licensed Embalmer No. 2110

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.