

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22023

State File No.

Registrar's No. 5744

FILED JUL 2 - 1952

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PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		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) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION 4720 Hamburg Ave.				d. STREET ADDRESS (If rural, give location) 4720 Hamburg Ave.									
3. NAME OF DECEASED (Type or Print) Louise				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 18, 1876		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 1 Days 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Schaan, Leichtenstein				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Leo Wanger				13b. MOTHER'S MAIDEN NAME Walburga Schlegel				14. NAME OF HUSBAND OR WIFE Emil Gassner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rudolph Gassner 4720 Hamburg 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) myocardial failure ANTECEDENT CAUSES DUE TO (b) heart exhaustion DUE TO (c) senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>[Signature]</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? E9319									
22. I hereby certify that I attended the deceased from June 19, 1952 , to June 19, 1952 , that I last saw the deceased alive on June 19, 1952 , and that death occurred at 10:04P m., from the causes and on the date stated above. 22													
23a. SIGNATURE Dr. Eugene H. Strittmatter				(Degree or title) S. O. 2		23b. ADDRESS 8120A W. Lewis Ave.				23c. DATE SIGNED 6-20-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/23/52		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Mo.					
DATE REC'D BY LOCAL REG. JUN 20 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.							

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Herman A. Gebken*

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois 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.