

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6223

State File No. 1751

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1751

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN St. Louis, Missouri.	
c. LENGTH OF STAY (in this place) D6A		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hospital		e. STREET ADDRESS (If rural, give location) 24 2851a Nebraska Ave. 224%	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Frederick	b. (Middle) R.	c. (Last) Gneiting	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28, 1900	
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR: Months Days	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Rudolph Gneiting.		13b. MOTHER'S MAIDEN NAME Lena Matz.		14. NAME OF HUSBAND OR WIFE Mary Gneiting	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Gneiting 2851a Nebraska 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis, Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension.</i>			

19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>		21b. PLACE OF INJURY (e.g., street, home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4201</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		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 *Oct 17, 1954* to *Feb 19, 1954*, that I last saw the deceased alive on *Feb 19, 1954*, and that death occurred at *11:4 m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Blanga M.D.</i>		23b. ADDRESS <i>2105 St. Broadway 7/54</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-22-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington.</i>	

DATE REC'D BY LOCAL REG. FEB 23 1954 REGISTRAR'S SIGNATURE *J. Carl Smith M.D.* (Licensed Embalmer's Statement on Reverse Side)

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

3

0.300
0.48

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.....
Signature of Student Embalmer

Signed *John J. Davis*
Licensed Embalmer No. *46*
P. O. Address *Bozoe*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.