

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047180

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3717

FILED JAN 9 1962

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Beverly Hills</b> Length of stay in 1b <b>-----</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Beverly Hills</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>3520 Maywood Avenue,</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3520 Maywood Avenue, 20</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3520 Maywood Avenue,</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>MARY</b> Middle <b>GANSERT</b> Last <b>GANSERT</b>			<b>4. DATE OF DEATH</b> <b>December 26th, 1961</b>		
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>4-6-1869</b>	<b>9. AGE (last birthday)</b> <b>92</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> Months Days Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Millstadt, Illinois</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>(Unknown) Wachter</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary (Unknown)</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Late Jacob Gansert</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT</b> <b>William Gansert, 3520 Maywood Avenue, 20,</b> Address
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis (Chronic)</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from June 1 - 1956 to Dec 26 - 61 and last saw her/him alive on Dec 23 - 61  
 Death occurred at 1:35A. m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <b>C. E. Sterling M.D.</b>	<b>22b. ADDRESS</b> <b>8105 Page Blvd St Louis 80 Mo</b>	<b>22c. DATE SIGNED</b> <b>12/27/61</b>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>23b. DATE</b> <b>12-28-61</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Bethany Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.,</b> <b>FUNERAL HOME, St. Louis, 15, Missouri.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-27-61</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>John C. Mumfley M.D.</b>
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF

This certificate is valid only when filed in the office of the Registrar of Deaths, Missouri State Health Department, St. Louis, Missouri.

**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 Robert E. Muhleman

Licensed Embalmer No. 4916  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.