

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St/ Louis** (No. **Deaconess Hospital**) St. .... Ward)

File No. **24718**  
Registered No. **6120**

**2. FULL NAME. Dr. Wenzel C. Gayler**

(a) Residence, No. **7025 Northmore Dr.** St. **K** Ward. **University City Mo**  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Rosaline Gayler</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>August 22nd, 1876</b>				
7. AGE YEARS <b>56</b>	MONTHS <b>10</b>	DAYS <b>20</b>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Physician</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Mo**

13. NAME **Carl Gayler**

14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Minnie Rotteck**

16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Rosaline Gayler**  
**7025 Northmore Drive**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **July 14th, 1933**

19. UNDERTAKER (ADDRESS) **Bob J. Amhurst**  
**6633 Clayton Rd**

20. FILED **507 13 1933** **J. J. Bredeck**  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 12th, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **7-2-33** 19.33 to **July 12th, 19.33**  
I last saw him alive on **July 12th, 19.33** Death is said to have occurred on the date stated above, at **1 p.m.**  
The principal cause of death and related causes of importance (as follows):  
**Summary of Benign Spongioblastoma Multiforme**

Other contributory causes of importance:  
**Edema of lungs secondary with removal of tumor**

Name of operation **Yes** Date of **removal of tumor**  
What test confirmed diagnosis? **No.** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) **R. W. Neuman** M. D.  
(Address) **University Club bldg.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

