AUG 9 1935

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

Do not use this space.

791

24742

1003

File No. 6174

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. Jewish Hospital St. Ward)

2. FULL NAME Henry Gayer

(a) Residence, No. 439 W. Argonne St., n R Ward. Kirkwood 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 M

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Gayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1869

7. AGE YEARS 65 MONTHS 7 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

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) (STATE OR COUNTRY) Mo

FATHER

13. NAME Wm. P. Gayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER

15. MAIDEN NAME Margaret Faszholz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Catherine Gayer Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cmty DATE 7/22/ 1935

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED JUL 19 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1935

22. I HEREBY CERTIFY That I attended deceased from 5-22 1935, to July 19, 1935

I last saw him alive on July 19, 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	July 18
2. Pulmonary Oedema Right	" "
3. Mural Thrombi	" "
4. Cardiac Decompensation	" "
5. Hydrothorax - Right	" "

Other contributory causes of importance:

Arterio - Sclerosis - marked, Months

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes. Lord work -

(Signed) John Hanistrong, M. D.

(Address) 321 N. Kirkwood Road

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD