

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Infermary)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **22511**
Registered No. **6263**
St. Ward)

2. FULL NAME

Gottfried Aeselmann

(a) Residence, No. 5800 Arsenal St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>84</u>	<u>86</u>	<u>2</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unk</u>
	10. Date deceased last worked at this occupation (month and year)..... <u>?</u>
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME John Aeselmann

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

15. MAIDEN NAME Barbara (unknown)

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

17. INFORMANT (ADDRESS) J. G. Sullivan
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 6-12 1937

19. UNDERTAKER (ADDRESS) W. Richter
3570 Ridgeway St.

20. FILER (ADDRESS) J. Beedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937, to June 4, 1937

I last saw him alive on June 4, 1937 Death is said to have occurred on the date stated above, at 1:25 A.M.

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

CHRONIC MYOCARDITIS Date of onset

Other contributory causes of importance:
ARTERIOSCLEROSIS, GENERALIZED

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) J. H. Gray M. D.
(Address) 5800 Arsenal

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JUN 28 1937

