

REC'D JUN 9 1938

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

 791
 1003

16332

Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **4193**
 (c) City **St. Louis** (d) Street No. **2633 Gravois Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Frank J. Gassner** **256**
 (a) Residence, No. **2633 Gravois Ave.** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helena Gassner**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 25, 1870**
 7. AGE YEARS **67** MONTHS **5** DAYS **10** If LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Watchmaker**

9. Industry or business in which work was done, as saw mill, bank, etc.

 10. Date deceased last worked at this occupation (month and year) **May 3 - 1938** 11. Total time (years) spent in this occupation **45 yrs**

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.** **6**

 FATHER 13. NAME **Wolfgang Gassner** **6**

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.** **9**

 MOTHER 15. MAIDEN NAME **Dont Know.**

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

 17. INFORMANT (ADDRESS) **Louis A Gassner**
2629 Texas Ave

18. BURIAL, CREMATION, OR REMOVAL

 SS. **Peter & Paul Cem.** DATE **May 10, 1938**

 19. FUNERAL DIRECTOR (ADDRESS) **J. N. Gubben & Co**
2630 Gravois Ave.
20. FILED **MAY - 7 1938**
J. D. Bredek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1, 1938, to May 6, 1938**
 I last saw him alive on **May 4, 1938**. Death is said to have occurred on the date stated above, at **9:00 a.m.**

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

Rupture of Esophageal Varix
in basilar Haemorrhage **5-6-38**

Other contributory causes of importance:

arteriosclerosis - in heart
granulocytes dist. esophageal
gastro junction - in heart
Name of operation **None** Date ofWhat test confirmed diagnosis? **Cause** Was there an autopsy?

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? **no**

If so, specify

(Signed) **W. A. Schneider** M. D.(Address) **3318 S. Grand.**

Schmidler
3611 Utah

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

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.)