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.

REC'D JUL 12 1938

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

19950
Do not use this space.

Registration District No. 701
Primary Registration District No. 1003
Registered No. 5089

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Missouri Pacific Hospital 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 August GAEDIG (August Gaedig) 320
(a) Residence, No. 5634 S Magnolia Ave. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Late Johanna Gaedig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1866

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet maker
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R.R.
10. Date deceased last worked at this occupation (month and year) About 2 Yrs. ago
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown Gaedig 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Bernard Gaedig
(ADDRESS) 5634 S Magnolia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter&Paul DATE 6-4 19 38

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED JUN 3 1938 19 J. P. Bredel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1938 to 6-1 1938
I last saw h. alive on 6-1 1938 Death is said to have occurred on the date stated above, at 3:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia, unknown origin	

Other contributory causes of importance: NI

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) L. A. Atherton, M. D.
(Address) Missouri Pacific Hospital

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Reinhold K. Lohmann, Licensed Embalmer No. 3395

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.)