

REC'D OCT 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

30961

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1008
 (b) Township 1 Primary Registration District No. 1008 Registered No. 8398
 (c) City ST. LOUIS (d) Street No. 1961st Arsenal St. 6601
 (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

(a) Residence, No. 1961st Arsenal St. 6601 (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 Sophia nee Bruhn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 | 1 | 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Hod carrier
 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) Danzig Germany 6

13. NAME Julius Gawer 6

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Sophia Gawer 1961st Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Chyerd DATE 9-27-38

19. FUNERAL DIRECTOR (ADDRESS) With Bros. & Hlo. 2929 S. Jefferson Av

20. FILED SEP 26 1938 J. P. Tamm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1938 to September 24, 1938

I last saw him alive on Sept 20, 1938 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Cerebral Hemorrhage Date of onset 4 days

Other contributory causes of importance:

cardio-vascular - Renal Disease 5 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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? No

If so, specify _____

(Signed) J. P. Tamm M. D.

(Address) 2730 McNAIR AVE

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin

Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No. 3472

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.)