

DEC 11 1938

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

41560
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **11252**
 (c) City **St. Louis,** (d) Street No. **Alexian Bros. 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 **Jacob Gitling**

(a) Residence, No. **3127 Meramec St.** St. **15** (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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Magdalena Gitling**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 1, 1877**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
61 -- 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Tailor**
 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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

FATHER 13. NAME **Johann Gitling**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

MOTHER 15. MAIDEN NAME **Margaret Klein**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT **John Feller** (ADDRESS) **4525 Idaho Ave.**

18. BURIAL, CREMATION, OR REMOVAL **SS PLACE Paternad Paul Cem DATE Dec. 31, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. Hebbel & Co. 2842 Meramec St.**

20. FILED **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 29 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 5 1938** to **Dec 29 1938**
 I last saw him alive on **Dec 28 1938**. Death is said to have occurred on the date stated above, at **5:00 a.m.**
 The principal cause of death and related causes of importance were as follows:

Coronary Heart Failure
Arteriosclerotic
Arterio Sclerosis
Coronary Arteriosclerosis
Hypertension
 Other contributory causes of importance: **Hypertension**
 Date of onset **1938**

Name of operation **Autopsy** Date of **1938**
 What test confirmed diagnosis? 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 **1938**
 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 **Yes**
 (Signed) **J. F. Bredeck**, M. D.
 (Address) **Miss Club St.**

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Herman A. Gebken

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

P. O. Address **2842 Meramec St.**

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.)

St. Louis, Mo.

If this body is not embalmed, above space should be left blank.