

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH967  
Do not use this space.

1003

967

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City Saint Louis, Missouri - (d) Street No. Missouri Baptist 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 Gerhardt E. Hanstein,

- (a) Residence, No. 2628a Allen 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lillie Hanstein</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>November 11th, 1874</b>		
7. AGE YEARS <b>64</b>	MONTHS <b>2</b>	DAYS <b>17</b>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Carpet Fitter</b>
	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) **Illinois**13. NAME **John Hanstein**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Theresa Roman**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Lillie Hanstein**  
(ADDRESS) **2628a Allen Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New St. Marcus Cem.**, DATE **January 31st, 1939**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Ziegenhain Bros.**  
**2623 Cherokee Street.**20. FILED **JAN 31 1939**  
**J. F. Budick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 28th, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from **10-23**, 19**36** to **1-28**, 19**39**  
 I last saw him alive on **1-28**, 19**39** Death is said to have occurred on the date stated above, at **6:15 P.M.**

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

**Cerebral Embolism** Date of onset  
**1-28-39**

Other contributory causes of importance:

**Pulmonary Tuberculosis 1936**  
**Endoarteritis obliterans 1938**  
**gangrene of distal 25th toe Reg'd 7-2-38**

Name of operation **amputation R leg** Date of **1-28-39**What test confirmed diagnosis? **sections** Was there an autopsy? **Yes**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) **W. R. Gumm**, M. D.(Address) **2227 S Broadway**

**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, .....

**Vearl E. Morris.**

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*V E Morris*

Licensed Embalmer No. **3360**

P. O. Address **2623 Cherokee Street.**

**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.)**

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