

REC'D OCT 14 1939 **791**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 yrs. 7 mos. 22 days street No. 2316 Lemp Ave.  
In this community 44 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") **23**  
(d) Street No. 2316 Lemp Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: About 50 yrs years.

3. (a) PRINT FULL NAME Theresa Gersbacher **621**  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Gersbacher  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased February 20, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Unknown

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leah Todd  
(b) Address 5400 Arsebal St

17. (a) Burial (b) Date thereof 9-7-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old S.S. Park + Paul Cem.

18. (a) Signature of funeral director Am. G. Maydell  
(b) Address 1976 Allen Ave.

19. (a) **SEP 6 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Date received state registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5,  
year 1939 hour 6:30 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from July 1, 1939, 19\_\_\_\_, to Sept. 5, 1939, 19\_\_\_\_;  
that I last saw her alive on September 5, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall Bladder  
7-1-39-x

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H/O  
Of operations \_\_\_\_\_

Of autopsy Yes<sup>+</sup>

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Ganslosky (M. D. or other)

Address 5400 Arsebal St. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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

Signed

*Perry C. Duncan*

Licensed Embalmer No. *2572*

P. O. Address *1926 Allen Ave*

**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.**