

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.

Registration District No. **791**
1003

Primary Registration District No. _____

1. PLACE OF DEATH: **2**
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6001 Eitman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **John Gassner** **256**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **491-16-9593**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lena Gassner** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **July 26 1870**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **12** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Die maker** **6**

11. Industry or business **Hager Hinge Co.** **6**

MOTHER FATHER { 12. Name **John Gassner** **6**

13. Birthplace **Germany** **6**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Neri** **6**

15. Birthplace **Germany** **6**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John Gassner Jr.**

(b) Address **6001 Eitman Ave.**

17. (a) **Burial** (b) Date thereof **9-11-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuar**

(b) Address **4228 So. Kingshighway**

19. (a) **SEP 10 1939** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **1**
(c) City or town **St. Louis** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6001 Eitman Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **7th**
year **1939** hour **9:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 28**
_____, 19**39**, to **Sept 7** 19**39**
that I last saw him alive on **Sept 6**, 19**39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left maxillary bone of jaw**
Due to _____
Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** **45**
Of autopsy **none**

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 **J. F. Bredeck Jr.** (M. D. or other) **md.**

Address **6200 Columbia Ave** Date signed **9/9/39**

Duration **8 mo**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9-10
L. W. ...
6208 ...

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 Reinhold H. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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.