

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. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(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 Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days) 6.5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County 1
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3010 A Nebraska
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Herman Gondolf 534
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE
4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 28 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25, year 1939 hour 3:00 minute A. PM.
21. I hereby certify that I attended the deceased from December 19, 1939 to December 25, 1939
that I last saw him alive on December 25, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 6 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration _____
Due to _____
Due to _____

9. Birthplace Ottawa Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Carpet Cleaner
11. Industry or business Morgan Carpet Co 1
12. Name Joseph Gondolf 6
13. Birthplace Germany 5
(City, town, or county) (State or foreign country)
14. Maiden name Mary Keating
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

MOTHER FATHER
16. (a) Informant's own signature Aurika White
(b) Address 3010 Nebraska Ave
17. (a) Cremation (b) Date thereof Dec 27
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Thos. Harris
(b) Address 2906 Francis Stn
19. (a) Dec 26 1939 (b) J. P. Rudolph
(Date received local Registrar) (Registrar's signature)

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 Geo M. Pike (M. D. or other) _____
Address 1515 Lafayette, 12/26/39
Date signed

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.....

Thorlatis

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thorlatis

Licensed Embalmer No.....

1619

P. O. Address.....

2906 Brown

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.