

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. 784

Primary Registration District No. 106

Registrar's No. 2283

1. PLACE OF DEATH: 8
 (a) County St. Louis 3
 (b) City or town Kirkwood Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
321 W. Jewel 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

8. (a) PRINT FULL NAME Chris C. Gnadt 530
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex Male
 5. Color or 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 Sep. 18 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Foreman for R. R.

11. Industry or business Mo. Pacific R.R. 0

12. Name Julius Gnadt 1

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

14. Maiden name Augusta Steincke

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

16. (a) Informant's own signature Linda Schnabel

(b) Address 321 W. Jewel Kirkwood Mo

17. (a) Burial (b) Date thereof Dec 29 39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredricksberg Wv Cem.

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W. Argonne Dr Kirkwood Mo

19. (a) DEC 26 1939 (b) Ch. Meyer
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
 year 1939 hour eight minute 30 PM.

21. I hereby certify that I attended the deceased from 12/24 39, 1939, to 12/24 39, 1939;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart 2hr.
 Duration _____

Due to Chronic kidney disease?

Due to _____

Other conditions Do not know.
 (Including pregnancy within 3 months of death)
History of heart attack recently

Major findings: 930
 Of operations _____

Of autopsy _____
 Underline the cause to which death should be charged statistically.

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 Walter M. Jones (M. D. or other) _____

Address 207a N. Kirkwood Rd Date signed 12/25/39
Kirkwood, Mo

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.....

Louis H Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis H Bopp*
Licensed Embalmer No. *9211*
P. O. Address *Hickwood*

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.