

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

570

Registrar's No.

570

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(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 Albert Gumpert

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Gumpert 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 25 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Locomotive Engineer retire

11. Industry or business Mo. Pacific R.R. 2 years

12. Name George Gumpert

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

14. Maiden name Margaret Garis

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

16. (a) Informant's own signature Martha Gumpert
(b) Address 5004 Elenore Ave.

17. (a) Burial (b) Date thereof 1-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JAN 20 1940 (b) J.F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5004 Elenore Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1940 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 12-28, 1939, to 1-19, 1940
that I last saw him alive on 1-19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chr. myocarditis

Due to Coronary artery disease

Due to Hypertension

arteriosclerosis

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.

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. Blankenship (M. D. or other) M.D.
Address 1755 S. Grand Date signed 1-19-40

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 Edmund M. Bernhardt
Licensed Embalmer No. 3024

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.