

JUL 17 1940
79171940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 5244

1. PLACE OF DEATH:

(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:
1908a Withnell 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 1908a Withnell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1940 hour 1 minute _____ P. M.
21. I hereby certify that I attended the deceased from June 13, 1940, to June 14, 1940
that I last saw him alive on June 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 24 hrs

Due to Cerebral hemorrhage 24 hrs

Due to Hypertension Cardiovascular Dis. 2

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
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 J. F. Bredeck (M. D. or other) _____
Address 2724 J. Grand Date signed 6/15/40

3. (a) PRINT FULL NAME Henry Gelzheuser 422

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

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: January 6, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 8 _____ hr. _____ min.

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

10. Usual occupation Retired 6

11. Industry or business _____

12. Name Henry Gelzheuser 1

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Temmelmann

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

16. (a) Informant Edna E. Mueller

(b) Address 1908a Withnell

17. (a) Burial (b) Date thereof 6/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Wacker-Idelstein

(b) Address 2331 S. Broadway

19. (a) JUN 17 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

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.