

REG AUG 25 1940  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6386

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Rosaline Klipstein Gayler 460

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

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

6. (b) Name of husband or wife Wendell C. Gayler 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased 5 14 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 2 14 hr. \_\_\_\_\_ min.

9. Birthplace Piedmont, W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

12. Name William Klipstein

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

14. Maiden name Sarah Ellen Brown

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

16. (a) Informant John H. Sanders,

(b) Address 587 1/2 Cates Ave.

17. (a) Burial (b) Date thereof 7/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 30 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City N.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7025 Northmoor Drive.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th  
year 1940 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb. 24,  
1932 to July 28th, 1940  
that I last saw her alive on July 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-Sclerotic Heart Disease (myocardial infarct)

Due to General Arterio-Sclerosis

Due to \_\_\_\_\_

Other conditions: A. 58  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No autopsy

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 G. R. Shuffler (M. D. or D.O.)

Address Missouri Theater Bldg. Date signed 7/29/40

Duraton

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 1994.....

P. O. Address St. Louis.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**