

SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

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

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:
3617 a Evans 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

3. (a) PRINT FULL NAME Elizabeth G'sell 240

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert G'sell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 21 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 15 _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name Ferdinand G'sell
13. Birthplace Alsace France
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Bowers
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. G'sell
(b) Address 3617 a Evans

17. (a) burial (b) Date thereof Aug. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John J. Ewan
(b) Address 1519 S. Grand Blvd

19. (a) AUG 7 1940 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3617 a Evans Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1940 hour 12 minute 20 M.

21. I hereby certify that I attended the deceased from July 1935 to July 1940
that I last saw him alive on July 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to _____

Due to _____

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)
(a) Means of injury _____

23. Signature M. E. Skelton (M. D. or other) _____
Address 4360 Main Date signed 8/10/40

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

Francis A. Williamson

Licensed Embalmer No.

3565

P. O. Address

7146 Manchester

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.