

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

9522

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME

Lottie Elsie Gaier8. (b) If veteran,
name war8. (c) Social Security
No.4. Sex Female5. Color or
race White6. (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 1, 1881

(Month) (Day) (Year)

8. AGE:

Years

59

Months

10

Days

18

If less than one day

hr. min.

9. Birthplace

St. Louis

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

At home

11. Industry or business

12. Name Ernst Gaier

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Lina Keller

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs. E. Stifel

(b) Address

7560 Wellington Way17. (a) Cremation(b) Date thereof 11/21/40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Walhalla Crematory

18. (a) Signature of funeral director

Charles W. ...

(b) Address

4911 Washington Bl.19. (a) NOV 20 1940

(b)

(Date received local registrar)

(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town Clayton NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7562 Wellington Way
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1940 hour 3:50 minute A M.21. I hereby certify that I attended the deceased from Nov
3, 1940, to Nov 19, 1940;that I last saw her alive on Nov 19, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Carcinoma of ovary

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ba of ovary with metastasis to omentum & liver

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 J.P. McMalley (M. D. or other)Address BARNES HOSPITAL Date signed 11/19/40

JAN 14 1948

JAN 14 1948

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 *Thomas R. Renwick*

Licensed Embalmer No. *3793*

P. O. Address *Stow, Me*

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.