

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(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: **DEACONESS**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 DAYS**  
(Specify whether years, months or days)  
In this community **3 DAYS**

3. (a) PRINT FULL NAME **MARY GASSMANN**

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

4. Sex **FEMALE** / 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **JOHN GASSMANN**  
6. (c) Age of husband or wife if alive  years  
7. Birth date of deceased **JUNE 28, 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>9</b>	<b>✓</b>	hr. min.

9. Birthplace **Carlyle, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Own home**

MOTHER FATHER {  
12. Name **John Meyer**  
13. Birthplace **Bern, Switzerland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Muehlmeier**  
15. Birthplace **Carlyle, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mrs. Farney**  
(b) Address **Crystal City, Mo.**  
17. (a) **Burial** (b) Date thereof **April, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crystal City, Mo.**

18. (a) Signature of funeral director **Arthur R. Vallette**  
(b) Address **Crystal City, Mo.**  
19. (a) **MAR 21 1941** (b) **J. H. Debeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Crystal City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **712 Pine St.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **31**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **27**  
year **1941** hour **4 A.M.** minute **—** M.  
21. I hereby certify that I attended the deceased from **Mar 27, 1941**  
to **Mar 30, 1941**  
that I last saw him alive on **Mar 29, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Failure - 2 day**  
**and**  
**arterial sclerosis of heart**  
Due to **hypertrophy & valvular disease**  
Other conditions (Include pregnancy within 5 months of death)  
Duration **2 day**  
Physician **—**  
Underline the cause to which death should be charged statistically.

Major findings: Of operations **97**  
Of autopsy **no repairs**

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?

23. Signature **J. H. Debeck** (M. D. or other)  
Address **Crystal City, Mo.** Date signed **—**  
(Specify type of place) (e) Means of injury **—**  
While at work?

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..... *Gentry R. Polittle*

Licensed Embalmer No. *3481*

P. O. Address..... *Crystal City, Mo*

**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, fact should be so stated above.**