

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18185

Registration District No. 475

Primary Registration District No. 5580

Registrar's No. 14-84

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MONTHS
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ADOLPH GASS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY KLEINIGGER 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased 6 (Month) 26 (Day) 1869 (Year)

8. AGE: Years 71 Months 11 Days 3 If less than one day hr. min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation BOILER MAKER, RETIRED

11. Industry or business

12. Name Pius Gass
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name HILDA
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Benaventure
(b) Address St. Joseph's Hill Infirmary

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 31 1941
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Parish

18. (a) Signature of funeral director Another
(b) Address 632 1/2 So Grand

19. (a) 29 May 1941 (Date received local registrar) (b) James A. Lawrence (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOO
(c) City or town ST. LOUIS '19
(If outside city or town limits, write "RURAL")
(d) Street No. 4746 IDAHO AVE, 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29th
year 1941 hour 3 minute — A.M.

21. I hereby certify that I attended the deceased from APRIL
5th, 1941, to MAY 2, 1941,
that I last saw him alive on MAY 2, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC ENDOCARDITIS

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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

Signature James S. Lawrence (M. D. or other) MD
Address Lawrence Date signed 5/29/41

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

MOTHER FATHER

House Springs

APR 3 1987

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. 2504
P. O. Address 6722 So. Sun

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.