

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26559

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 6351

1. PLACE OF DEATH: SEP 17 1941
(a) County...
(b) City or town. ST. LOUIS
(c) Name of hospital or institution: 10747 S. 3rd St
(d) Length of stay in hospital or institution: City Hospital #1
In this community... years, months of days

2. USUAL RESIDENCE OF DECEASED: 000
(a) State. MISSOURI (b) County. 17
(c) City or town. ST. LOUIS 922
(d) Street No. 747 S. 3rd St. (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No Attending Physician (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME. GEORGE GAULT.
3. (b) If veteran. name was SPANISH
3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31st year 1941 Hour 5 minute P.M.
21. I hereby certify that I attended the deceased from... 19... to... 19...
that I last saw him alive on... 19... and that death occurred on the date and hour stated above.

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, divorced, SINGLE
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased. unk - 1844 (Month) (Day) (Year)

Immediate cause of death
Coronary Sclerosis
Arteriosclerosis
Due to...
Other conditions...
Major findings:
Of operations...
Of autopsy...
Duration

8. AGE: Years Months Days If less than one day
about 75 yr. min.
9. Birthplace. Unknown (City, town, or county) (State or foreign country)
10. Usual occupation. N/A
11. Industry or business.

MOTHER FATHER
12. Name. UNKNOWN
13. Birthplace. GERMANY (City, town, or county) (State or foreign country)
14. Maiden name. UNKNOWN
15. Birthplace. UNKNOWN (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant. Rev. A. E. Plutz
(b) Address. 743 S. 3rd St
17. (a) BURIAL (b) Date thereof. AUG. 4 1941 (Burial, cremation, or removal) (Monthly) (Day) (Year)
(c) Place: burial or cremation. OLD SS. PETER + PAULS Ch.
18. (a) Signature of funeral director. E. J. Schmur
(b) Address. 3125 Lafayette Ave.
19. (a) AUG - 3 1941 (Date received local registrar) (b) J. T. Briedup (Registrar's signature)

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. Thomas F. Callahan Deputy Coroner Date signed 8/17/41

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

17
9
76

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.....

Jos B Dollma

Licensed Embalmer No.....

P. O. Address.....

41014
3125 La Fayette

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.