

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

4801

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
8545 Concord Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community. 50 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County  
(c) City or town. St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8545 Concord Pl.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Josephine Gnad.

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

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife. Late Adolph Gnad 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. August 20 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>11</u>	hr. min.

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

10. Usual occupation. Housework

11. Industry or business.

12. Name William Alt.  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Lutz.  
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Maude Oberbeck  
(b) Address 8545 Concoerd Pl.

17. (a) Burial (b) Date thereof. 6-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Matthews Cem.

18. (a) Signature of funeral director. Hy. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) JUN 2 1942 (Date received by registrar) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 2:28 A.M. minute. M.

21. I hereby certify that I attended the deceased from May 23 1942 to May 30 1942  
that I last saw her alive on May 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Dilatation of Heart  
Due to Chronic Interstitial Nephritis +  
Immune Arteriosclerosis  
Due to Pericarditis

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.

23. Signature J. J. Brudeck (M. D.) Address 8321 N. Broadway Date signed 6/1/42

Physician  
Duration 3 1/2 days  
4 1/2 +  
" +  
Underline the cause to which death should be charged statistically.

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

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17  
9

*Dr. Helmsing*

**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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St Louis ave.*

**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.**