V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28152

Registration District No. 784 Primary Registration District No. 11 Registrar's No. 1724

1. PLACE OF DEATH:
(a) County St. Louis County,
(b) City or town Rural Hgt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New St. Marys' Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days, (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri, (b) County 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3316a No. 9th St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Gass,
3. (b) If veteran, name war
3. (c) Social Security No. 492-09-8712

4. Sex Male, O
5. Color or race White,
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Johanna,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 5 (Day) 1879, (Year)

8. AGE: Years 63 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Germany, 4 (City, town, or county) (State or foreign country)
10. Usual occupation Lumber Grader,
11. Industry or business Crescent Planning Mill,
FATHER
12. Name Don't Know,
13. Birthplace Don't Know, 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know,
15. Birthplace Don't Know, 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ida A. Weldon,
(b) Address 5317 Odell Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation SS. P & P Cemetery,
18. (a) Signature of funeral director Gibbons-Benz Mortuary
(b) Address 2842 Meramec St.,
19. (a) AUG 21 1942 (Date received local registrar) (b) C. D. McDaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1942 hour 9: minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 16, 1942 to Aug 21, 1942 that I last saw him alive on Aug 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Glom nephr.	
Due to	
Due to 3	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Post done at St Marys Hosp.	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jos J Kessler M. D.
Address 3504 N 14th St Date signed 8-21-42

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Joe D Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 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.