S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28741

Registration District No. 318 ... Primary Registration District No. 1003 ... Registrar's No. 7995

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: 3466 Montana St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17
(c) City or town St. Louis 159
(If outside city or town limits, write "RURAL")
(d) Street No. 3466 Montana St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. Gessner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. / 5. Color or race W. / 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Joseph Gessner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 29th., 1850 (Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days .25 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Lorenz Graf
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Genevive Hund
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Gessner
(b) Address 3466 Montana St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 26 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th. year 1942 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Jan. 1, 1942 to 9/24, 1942 that I last saw h alive on 9/22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Cerebral Thrombosis 1 day

Due to arteriosclerosis 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other)
Address 2424 S. Grand Date signed 9/25/42

(Licensed Embalmer's Statement on Reverse Side)

2924 S. Grand Blvd. 1-2

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.