

FILED DEC 1 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
St. Anthonys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 weeks
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Infant Gansner
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 5th 12 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 9 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Novel Gansner
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Harrington
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Norvel Gansner
(b) Address 6304 Fyler

17. (a) burial (b) Date thereof 11/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director John H. Gegenbauer
(b) Address 7027 Gravois

19. (a) NOV 22 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State Missouri (b) County 17
(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")
(d) Street No. 6230 Fyler
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 21 year 42 hour 12 minute 50 M.

21. I hereby certify that I attended the deceased from 10-28 1942 to Nov 21 1942
that I last saw him alive on Nov 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hydrocephaliti
Due to.....
Due to.....

Other conditions: Meningitis - simple
(Include pregnancy within 3 months of death)

Major findings: Repair of John Gansner
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?

(Specify type of place)
While at work..... (Specify type of place) Means of injury.....
23. Signature John H. Gegenbauer (M. D. John H. Gegenbauer)
Address Not recorded Date signed 11/21/42

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.....

B. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.