

FILED JAN - 5 - 1943 818

Registration District No. Primary Registration District No. 1002 Registrar's No. 10724

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6434 Virginia Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Henry Gansmann

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Marie Gansmann 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November 16, 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Park Police For City

11. Industry or business
MOTHER FATHER { 12. Name Valentine Gansmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
Eva Freihaut
14. Maiden name Germany
15. Birthplace Germany (City, town, or county) (State or foreign country)
Mr. Frank Gansmann

16. (a) Informant (b) Address 6434 Virginia Ave.,

17. (a) Burial (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Olive Cemetery

(c) Place: burial or cremation Southern Funeral Home
18. (a) Signature of funeral director 6322 S. Grand Blvd.,
(b) Address

19. (a) DEC 23 1942 (b) J. F. Bradock (Registrar's signature)
(Date received local registration)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 6434 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 21, 1942
year 1942 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from 12-19-42 to 12-21-42
and that death occurred on the date and hour stated above.
that I last saw him alive on 12-21-42
Immediate cause of death: Cerebral hemorrhage

Duration 3d.

Due to Hypertension
Due to Atherosclerosis

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

23. Signature: J. F. Bradock (M. D. or other) Date signed: 12-22-42
Address: 1639

DR. DEE W EADS,
6639 VIRGINIA,
Lo. 2244

1 & 2 P.M.

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
P. O. Address..... *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.