

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19600

JUL 3 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

5864

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:
4102 Haven
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 69 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mr. Adolph Gessler3. (b) If veteran, name war..... 3. (c) Social Security No. 492-05-70244. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Mrs. Minnie Gessler 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased April 25, 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 2 1 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Branch Manager11. Industry or business Coal & Ice Co.12. Name Henry Gessler13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Grothaus15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Minnie Gessler(b) Address 4102 Haven17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943
(Month) (Day) (Year)(c) Place: burial or cremation Our Redeemer Lutheran Ch.18. (a) Signature of funeral director REIDERWIEDEN F. HOME, INC(b) Address 1936 St. Louis Avenue19. (a) JUN 28 1943 J. F. Budick
(Date received local registrar) (Registrar's signature)

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. 4102 Haven
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1943 hour 7 minute 17 A. M.21. I hereby certify that I attended the deceased from June 13, 1943, to June 26, 1943
and that I last saw him alive on June 26, 1943
and that death occurred on the date and hour stated above.Immediate cause of death due to atherosclerosis Duration 14Cerebral hemorrhage

Due to.....

Due to.....

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) (c) Means of injury.....

23. Signature J. F. Budick (M. D. or other).....
Address 2924 S. Grand Date signed 6/26/43

B. H. Egerman
Agent of Grand

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.....

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.