

FILED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3903 Olive St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pasadena Hills
(If outside city or town limits, write "RURAL")
(d) Street No. 3959 Roland Blvd. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George J. Wanstrath

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 1 M.

6. (b) Name of husband or wife Gertrude Wanstrath 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. 29th., 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 11 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Real Estate Corp.

11. Industry or business

12. Name George Wanstrath

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Wanstrath

(b) Address 3959 Roland Blvd.

17. (a) Burial (b) Date thereof 6-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

19. (a) JUN 11 1943 (b) J. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th.
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1st
19 43 to June 10, 19 43
that I last saw him alive on June 4, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 yr

Due to Arterio Sclerotic Heart Disease 5 yrs

Due to 15 1/2

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 Patrusella (M. D. or other) 6/10/43
Address 3720 Washington Date signed

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

300
17
9

NR
17
4

MAR 2 9 1944

3720 Washington Blvd.

MAR 20 1944

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 Meter

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.