

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

33895

State File No.

Registrar's No.

9302

FILED NOV 1 1943 318

Registration District No.

Primary Registration District No.

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

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:
2135 Geyer 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 Emm. Gahl

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Gahl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Gieselmann
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Cordes

(b) Address 1928 S. 12th. St.

17. (a) Burial (b) Date thereof 10/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) OCT 25 1943 (b) J. F. Brebeck
(Date received final certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 123
(If outside city or town limits, write "RURAL") 923
(d) Street No. 2135 Geyer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country? 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1943 hour 10.15 minute P. M.

21. I hereby certify that I attended the deceased from 10-4-43
10-4-43 1943, to 10-21-43 1943
that I last saw her alive on Oct 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dropsy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 10-21-43
(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 Dr. John P. ... (M. D. or other) _____
Address 1625 So. Jefferson

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Re Turner at 4 PM.

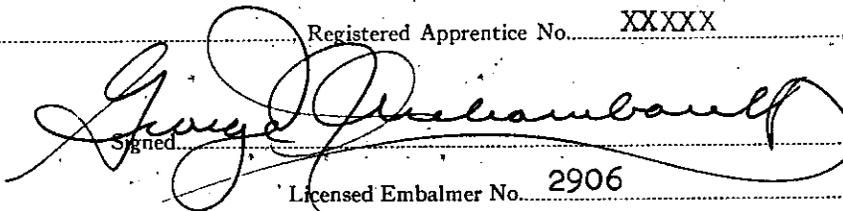
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.