

FILED JAN 20 1945
318

Registration District No.

Primary Registration District No.

Registrar's No.

188

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:
3900 SHREVE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Julius GAITZSCH

3. (b) If veteran, name war No
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 NELE GAITZSCH
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased JULY 1 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 5
If less than one day hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business RETIRED

MOTHER FATHER
12. Name not known
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nele Gaitzsch
(b) Address 3900 Shreve Ave

17. (a) Burial (b) Date thereof 1-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Kron R. U. G. O.
(b) Address 2707 - N. Grand Blvd

19. (a) IAN (b) J. F. Bredich
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Mo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3900 SHREVE AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 6
year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from DEC. 19, 1944, to DEC. 27, 1944
that I last saw H.M. alive on DEC. 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Serility

Due to

Due to

Other conditions Atherosclerosis
(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
(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 John P. G. D. (M. D. or other)
Address 4703 Date signed 1-8-45

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 E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.