

FILED MAR 9 1945

313

Primary Registration District No. 1003

Registrar's No.

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:
4634 Delmar Boulevard /
(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..... NETTIE GASSMANN

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

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

6. (b) Name of husband or wife..... Albert Gassmann 6. (c) Age of husband or wife if alive..... dec. years

7. Birth date of deceased..... 8 (Month) 9 (Day) 1861 (Year)

8. AGE: Years Months Days If less than one day
83 6 8 hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... William Anthouse 9
 13. Birthplace..... Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown
 15. Birthplace..... Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Lydia Stebens
 (b) Address..... 8072 Grinnell, Detroit, Mich

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 2-20, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Alexander & Sons

(b) Address..... 6175 Delmar Boulevard

19. (a) FEB 19 1945 (Date received local registrar) J. F. Budeck (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..... 4634 Delmar Boulevard
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
 year 1945 hour 8-30 minute P. M.

21. I hereby certify that I attended the deceased from April 1st
1944 to 2-17- 1945;
 that I last saw h. et. alive on 2-17-'45 and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis 2wk
 Due to Cardio-nephritic 2yr
 Due to Kidneys
 Other conditions..... Age
(Include pregnancy within 3 months of death)

Major findings: Of operations..... 1/21
 Of autopsy.....

Duration
 2wk
 2yr
 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?
(Specify type of place) (e) Means of injury.....

23. Signature..... Geo. W. [unclear] (M. D. or other)
 Address 3532 Washington Park Date signed 2/20/45

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

In 8740

Mr. Jernain

MAR 20 1945

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 Thomas R. Jewick

Licensed Embalmer No. 3793

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.