S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15095

FILED MAY 1 1947

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 4230

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 95

(c) City or town Weingarten, (If outside city or town limits, write "RURAL") O

(d) Street No. R (If rural, give location) N.R.O

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Rev. Joseph A. Gassner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 13, (Day) 1899 (Year)

8. AGE: Years 47 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Catholic Priest

11. Industry or business

FATHER
12. Name Frank Gassner
13. Birthplace (City, town, or county) Lechtenstein 8 (State or foreign country)

MOTHER
14. Maiden name Helena Rypczynski
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Louis Gassner

(b) Address 2536 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/47 (Month) (Day) (Year)

(c) Place: burial or cremation Weingarten, Mo.

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave.

19. (a) APR 2 A 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23, year 1947 hour 7,45 minute A M.

21. I hereby certify that I attended the deceased from April 1, 1947, to April 23, 1947 that I last saw him alive on April 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarct	3 weeks
Due to Pericarditis	3 wks
Due to Pleural Effusion	1 week
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy alone

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) no

(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) O

While at work? (e) Means of injury

23. Signature W. A. Schneider (M. D. or other) Ned

Address 3318 S. Grand Date signed 4-23-47

(Licensed Embalmer's Statement on Reverse Side)

AUG 1947

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address: 2630 Gravois Ave.

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.