

STANDARD CERTIFICATE OF DEATH

State File No. 43439

11239

FILED DEC 24 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (In this place) LIFE	
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1516 A NO. MARKET - ST.		d. STREET ADDRESS (If rural, give location) 1516 A NO. MARKET - ST.	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) JOHN	
c. (Last) GASSEI		4. DATE OF DEATH (Month) (Day) (Year) DEC. 5 TH 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 10 TH 1886
9. AGE (In years last birthday) 66	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 12 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE - LASTING	10b. KIND OF BUSINESS OR INDUSTRY BRAUER - BRO - SHOE CO.	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE NELLIE - GASSEI			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. NONE.		16. SOCIAL SECURITY NO. 492-01-8629	
17. INFORMANT'S SIGNATURE OR NAME Nellie Gassei		ADDRESS 1516 ²⁹ Market St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction. Valvular insufficiency.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222	
22. I hereby certify that I attended the deceased from Nov 19, 1952, to Dec 5, 1952, that I last saw the deceased alive on 12/4, 1952, and that death occurred at 4:15 P. m., from the causes and on the date stated above.			
23a. SIGNATURE J. D. Peeters (Degree or title) M.D.		23b. ADDRESS 2353 W. Chalmers	
23c. DATE SIGNED 12-6-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 9 TH 1952	24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
DATE REC'D BY LOCAL REG. DEC 6 1952	REGISTRAR'S SIGNATURE J. Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. D. Brockland Und. Co. 1827 - HOGAN - ST.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Laine

Licensed Embalmer No. 4408

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.