

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

28808

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Thelma Gaslin

Registration District No. 989  
Primary Registration District No. 603 30  
(No. 8271 Albin Av.)

File No. \_\_\_\_\_  
Registered No. 274-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thelma Gaslin  
(a) Residence No. 8271 Albin Av. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 26, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>14</u>	<u>10</u>	<u>21</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Arthur Gaslin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Mich.

12. MAIDEN NAME OF MOTHER Elizabeth Gaslin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

14. INFORMANT Arthur Gaslin  
(Address) 8271 Albin Av.

15. FILED 8/18 1929 Rolla Bracy, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16-1929

17. I HEREBY CERTIFY, That I attended deceased from 8-15-29 to 8-15-29, 1929  
that I last saw her alive on 8-15-29, and that death occurred, on the date stated above, at 5 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Endocarditis  
(duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Hypertrophy  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED Unknown  
IF NOT IN PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Usual Signs.  
(Signed) Wm. H. Foster, M. D.  
8/17, 1929 (Address) 3936 Lindell Blvd.

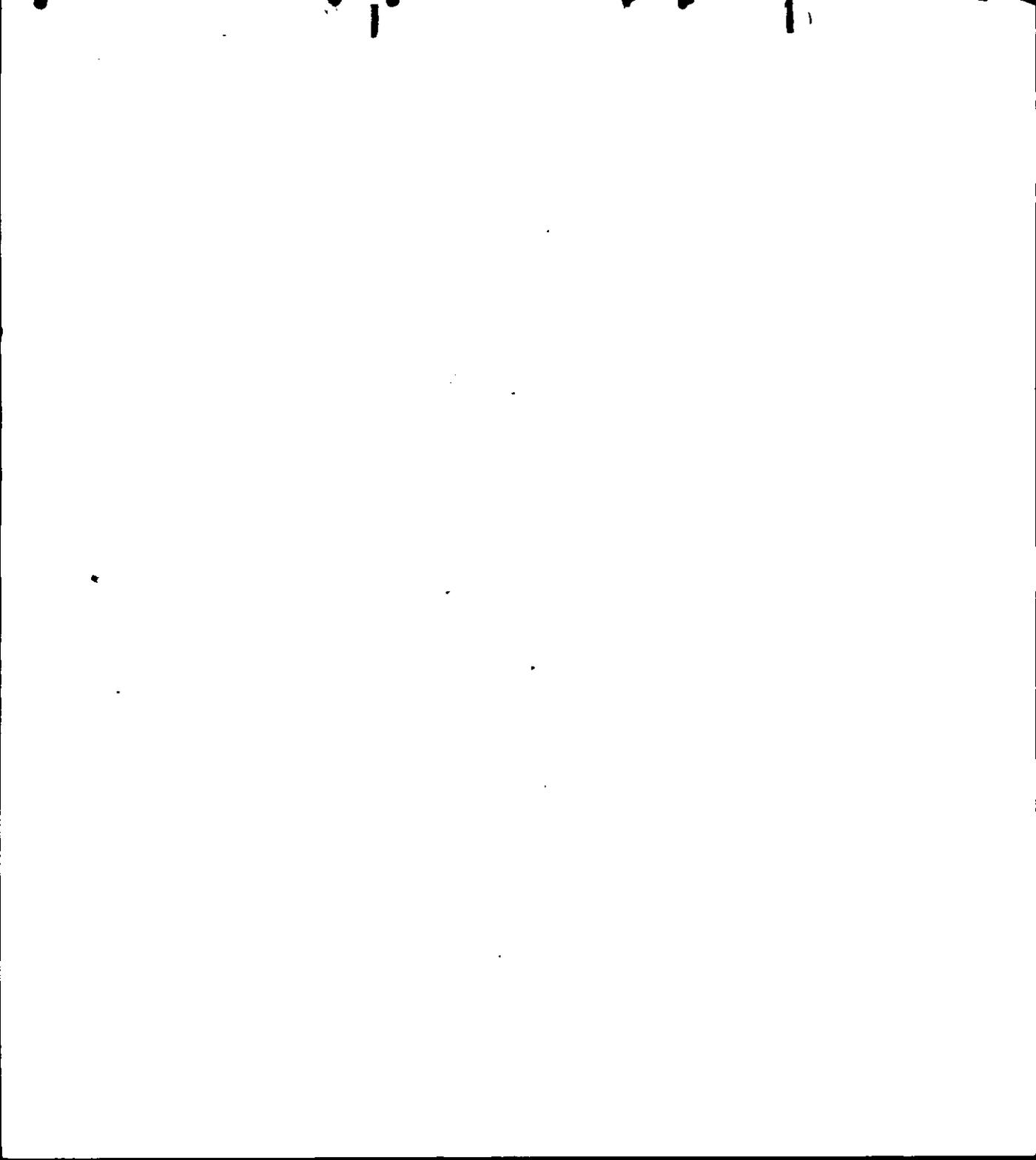
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washella Cemetery DATE OF BURIAL 8/19/1929  
UNDERTAKER Bergsack Mfg. Co. 3661 Washington ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1929



Name: Thelma Joslin

Who died at: St. Louis County on August 16, 1929

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Acute Endocarditis (6 yrs)

Contributory: Hypertrophy (2 mos)

Where was disease contracted? Unknown

Did operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No What test confirmed diagnosis? Usual signs

Name of physician: Robert L. Woster

Address of physician: 3936 Lindell, St. Louis, Mo

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