

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

Do not use this space.

31563

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 62484
 City Clayton (No. St. Mary's Hospital) St. _____ Ward _____

2. FULL NAME

Anneciate (Sophie) Gascarde
 (a) Residence, No. 3419 Gascarde St., _____ Ward _____
 (Usual place of abode)

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 OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 - 1908

7. AGE YEARS 16 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill

13. NAME Frank Gascarde

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Constance Popielawski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Per Mother Henselberg
3419 Gascarde St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Aug 6 1934

19. UNDERTAKER (ADDRESS) Central Burial & Ice Co
1841 Balgoon

20. FILED Aug 4 1934 Therese Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1934 to 8-3 1934

I last saw her alive on 8-3 1934 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart
127 lb / 150 lb
121 lb
121 lb

Other contributory causes of importance: _____ Date of onset 8-2-34

1. acute dilatation of heart
 2. hypertension
hypertension + partial obstruction of operation
 Date of 7-27-34

What test confirmed diagnosis? _____ Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) H. L. Anderson, M. D.

(Address) 7816 Southern

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.

AUG 16 1934

REPLACE PEARLET, WITH OPAIDING INK—THIS IS A PERMANENT RECORD

L.H. N.G. - Durbin

N.L. Lantry No 0217

2825 Lee 1493

2816 Sutton

7400 Manchester