

REC'D JUL 2 0 1938

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

22108  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County JASPER Registration District No. 408  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3022 Registered No. \_\_\_\_\_  
 (c) City McAune Brook (d) Street No. Carthage Mo \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN GASTEL

(a) Residence, No. LAMAR MO. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Lamm Gastel (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport Ill.

13. NAME George Gastel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace France

15. MAIDEN NAME Barbara Hallett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace France

17. INFORMANT Gene Gastel (ADDRESS) Lamar Mo.

18. BURIAL CREMATION, OR REMOVAL St. Mary's Cemet. PLACE Lamar Mo. DATE 6/13

19. FUNERAL DIRECTOR Union Funeral Home (ADDRESS) Carthage Mo.

20. FILED June 11 1938 J. M. B. [Signature] Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20 1938 to June 10 1938

I last saw him alive on June 10 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Acute Valvular Endocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance:

Inanition

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Lab & 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) Royd Clayton, M. D.

81. (Address) Carthage Mo

STATEMENT BY LICENSED EMBALMER

I, Ed C Ulmer, Licensed Embalmer No. 2223

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ed C Ulmer

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**