No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30576

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7853

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 4171 Potomac
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Minnie Gastreich
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Peter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21, 1879 (Month) (Day) (Year)
8. AGE: Years 61 | Months 1 | Days 28 | If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Benjamin Vogel
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ben Gastreich
(b) Address 4171 Potomac
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/40. (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) SEP 20 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 7.35 minute P. M.
21. I hereby certify that I attended the deceased from July 20th, 1940 to Sept 17th, 1940 that I last saw her alive on Sept 17th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Renal Calculi - left	
Due to: Perirenal abscess "	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Kidney stones - left; Kidney pelvic infection	
Of autopsy	

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)
(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?
While at work? — (Specify type of place) (e) Means of injury
23. Signature Pierce W. Powers (M. D. or other)
Address 253 180 Jefferson Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address _____

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, above space should be left blank.