

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30058**

791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7397**

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

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: Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community 30 years _____
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Harry Gasberry

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased September 2 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>0</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Pike County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Taylor Gasberry

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kludner

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Gasberry

(b) Address 2931 Olive

17. (a) _____ (b) Date thereof 9-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Howard Conlich

(b) Address 2931 Olive

19. (a) SEP 13 1941 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St Louis 18 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 a S Compton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1941 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 3 1941, to September 9 1941;
that I last saw him alive on September 9 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Lobar Pneumonia 7 days
Duration

Due to Prob Lung Abscess Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10.8

Major findings: Of operations _____

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 J. W. Johnson (M. D. or other) 0
Address 2601 W Whittier Date signed 9-11-41

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

Burton English

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas ave*

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.