S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8303

State File No. 2214

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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:
5342 W. Florrisant /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 13
(c) City or town Ladue, St. Louis County, /
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Warson Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

NR

3. (a) PRINT FULL NAME DAVID GAST

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 - 3 - 1941 (Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation child, at home.
11. Industry or business

FATHER
12. Name Ferd E. Gast
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dolores Vollmar
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Harry Vollmar
(b) Address 10 Lake Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 8-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) MAR 8 1943 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct 14, 1942 to March 6, 1943 that I last saw him alive on March 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Chronic Nephritis — Mar. 3 1943 to Mar. 6 1943

Due to Uremia

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Luring DC (M.D. or other)
Address 5342 W. Florrisant Ave. Date signed 3/9/43

(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 .....

Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

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.