

FILED MAY 27 1943  
318

State File No. 16118  
Registrar's No. 4546

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town ST LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5251 LOTUS AVE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
17

(c) City or town ST LOUIS ? 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 5251 LOTUS AVE  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
- If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EUGENE GASTORI

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 WIDOWED

6. (b) Name of husband or wife MAYME 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased JULY 28 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 9 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SWITZERLAND \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation CHEF (RETIRED)

11. Industry or business

12. Name JOHN GASTORI

13. Birthplace SWITZERLAND \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace SWITZERLAND \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo John Dedgan

(b) Address 5251 Lotus Ave

17. (a) BURIAL (b) Date thereof MAY 17-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director J. F. Bradest  
(b) Address 5165 Delmar, Be.

19. (a) MAY 15 1943 (b) J. F. Bradest  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13<sup>th</sup>  
year 1943 hour 1:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5/11, 1943 to 5/13, 1943  
that I last saw him alive on 5/13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)

Due to Arterio Sclerosis

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 5/11/43

5/11/43

5/11/43

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 name of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Bradest (M. D. or other) \_\_\_\_\_  
Address 5205<sup>a</sup> Chaffee Date signed 5/14/43

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

MOTHER FATHER

**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: *H. Y. Larue*

Licensed Embalmer No. *3384*

P. O. Address: *H. Y. Larue*

**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.**