

S. No. 2
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26673

State File No. 7881
Registrar's No.

Registration District No. 1818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County: St. Louis Mo
(b) City or town: St. Louis Mo
(c) Name of hospital or institution: St. Mary's Infirmary
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 000
(c) City or town: St. Louis 229
(d) Street No.: 2110 Clark
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME: Clarence Gasby Jr.
3. (b) If veteran, name war: No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: September, day: 1, year: 1943, hour: 9:00, minute: 0, M.
21. I hereby certify that I attended the deceased from 8-23-43, 19 to 9-1-43, 19; that I last saw him alive on 9-1-43, 19; and that death occurred on the date and hour stated above.

4. Sex: male, 5. Color or race: Negro, 6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife, 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 8-23-43 (Month) (Day) (Year)

Immediate cause of death: Prematurity. Duration

8. AGE: Years, Months, Days, If less than one day: 9 hr. min.

Due to: Due to: 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.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: 11. Industry or business:

MOTHER FATHER { 12. Name: Clarence Gasby
13. Birthplace: Louisiana (City, town, or county) (State or foreign country)
14. Maiden name: Tanager Taylor
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Tanager Gasby Mother (b) Address: 2110 Clark

17. (a) Burial, cremation, or removal: (b) Date thereof: 9-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington

18. (a) Signature of funeral director: Mary Wade (b) Address: 4202 Johnny Ave
19. (a) SEP 2 1943 (Date received local registrar) (b) J. J. Bradback (Registrar's signature)

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) (c) Means of injury:
23. Signature: Beaulieu (M. D. or other) Address: 1636 Papin Date signed: 9-1-43

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

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 *J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Route*

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.