

S. No. 2
 8-43
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29332

State File No.

FILED SEP 20 1944
 318

1003

Registrar's No. 7909

Registration District No. Primary Registration District No.

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:
En route City Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 (Specify whether
 In this community 3 years, months or days)

3. (a) PRINT FULL NAME John Gastreich Jr.
 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 Married
 6. (b) Name of husband or wife Mae Gastreich 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased May 4, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>7</u>hr.min.

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

10. Usual occupation Policeman

11. Industry or business

MOTHER FATHER {
 12. Name John Gastreich Sr.
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Schweickert
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Gastreich
 (b) Address 904 Dover Place

17. (a) Burial (b) Date thereof Sept. 15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (c) Signature of funeral director Weick Bros.

(b) Address 2201 So. Grand Blvd.

19. (a) SEP 14 1944 (b) J. Thredwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 904 Dover Place
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
 year 1944 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from, 19...., to, 19....;

that I last saw h..... alive on, 19...., and that death occurred on the date and hour stated above.

Immediate cause of death.....
Gunshot wound of skull and brain self inflicted in rear yard at 3831 So. Broadway, Sept. 11th, 1944, about 11:00 P.M.

Due to..... SUICIDE.

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

Major findings:
 Of operations..... Hoff C

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) Suicide

(b) Date of occurrence 9-11-44

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

While at work? yes (e) Means of injury acc drive

23. Signature Alfred J. Perry (M? D. or other)

Address 2201 So. Grand Blvd. Date signed 9/14/44

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.....

John Ketter

Licensed Embalmer No..... 3880

P. O. Address..... St. Louis, Mo.....

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.