S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35243

Primary Registration District No. 6076

Registrar's No. 2062

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 3520 Manhattan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: GASTREICH, Arthur

3. (b) If veteran, name war: WW-1

3. (c) Social Security No. not rem.

4. Sex: M 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Jesse P. Gastreich

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: May (Month) 21 (Day) 1888 (Year)

8. AGE: Years 56 | Months 4 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Beer Bottler

11. Industry or business: Brewery

MOTHER FATHER

12. Name: George Gastreich

13. Birthplace: Kentucky (City, town, or county) 1 (State or foreign country)

14. Maiden name: Mary Blacksock

15. Birthplace: Louisiana (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Minical Crowley

(b) Address: VAF - Jefferson Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-10-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Siebenhein Brothers

(b) Address: 6409 Gravois Ave

19. (a) OCT 11 1944 (Date received by local registrar) (b) E. L. McGuiran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1944 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from October 4, 1944 to October 8, 1944 that I last saw him alive on October 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HEMORRHAGE, RIGHT KIDNEY, CAUSE UNDETERMINED., NON TRAUMATIC	2 Wks
Due to [illegible]	2 wks
Due to 133b2	
Other conditions ANEMIA, SECONDARY, SEVERE (Include pregnancy within 3 months of death)	2 wks

Major findings:
Of operations: No operation
Of autopsy: No

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): No

(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? Place of injury: 0

23. Signature: W. A. GERMAN, M.D. (M.D. or other)
Chief Medical Officer
Address: VAF-Jeff.Brks.,Mo. Date signed: 10-9-44

(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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.