

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6532**

Registration District No. **233**

Primary Registration District No. **4348**

Registrar's No. **5**

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

**1. PLACE OF DEATH:**

(a) County: Montgomery

(b) City or town: Wellsville

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community: Sixty years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME:** GUSTAVE GASTLER

**3. (b) If veteran,** name war: \_\_\_\_\_

**3. (c) Social Security** No.: \_\_\_\_\_

**4. Sex:** M **5. Color or race:** W

**6. (a) Single, widowed, married:** married

**6. (b) Name of husband or wife:** Muriel Gastler

**6. (c) Age of husband or wife if alive:** 61 years

**7. Birth date of deceased:** May 26 1865  
(Month) (Day) (Year)

**8. AGE:** Years: 80 Months: 9 Days: 2  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** Germany  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Farmer

**11. Industry or business:** Annual farm work.

**12. Name:** Carl Gastler

**13. Birthplace:** Germany  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Mary Kropp

**15. Birthplace:** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Fred Gastler

**(b) Address:** Wellsville Mo R7D

**17. (a) Burial:** Rural **(b) Date thereof:** Mar 3 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** Wellsville Mo

**18. (a) Signature of funeral director:** J.P. Kuhn

**(b) Address:** Wellsville Mo

**19. (a) 3-1-46** **(b) Thos. Mentz**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Montgomery

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

(d) Street No.: \_\_\_\_\_ (If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 28  
year 1946 hour 4:30 minute \_\_\_\_\_ P.M.

**21. I hereby certify that I attended the deceased from** Feb 25  
\_\_\_\_\_ 1946 to Feb 28 1946  
that I last saw him alive on Feb 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Duration: 3 days

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 830  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

**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) (e) Means of injury: \_\_\_\_\_

**23. Signature:** J.P. Kuhn (M. D. or other) \_\_\_\_\_

Address: Wellsville Mo Date signed: 3/1/46

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-6-46

**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 [Signature]  
Licensed Embalmer No. 3059  
P. O. Address Wellsville, 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.**