

FILED MAR 20 1948 STANDARD CERTIFICATE OF DEATH 1003

State File No. _____
Registrar's No. 2377

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Masonic Home of Missouri
(d) Length of stay: In hospital or institution 13 1/2 years
In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 5351 Delmar Blvd.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Alline E. Gaster

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January, 1824 1855

8. AGE: Years 90 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Augusta, Georgia

10. Usual occupation Retired Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Elythe
13. Birthplace Belfast Ireland
14. Maiden name Mary Ann Parr
15. Birthplace Unknown, Georgia S. Carolina

16. (a) Informant Miss J. G. Jilton
(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 3-12-46

(c) Place: burial or cremation Chillicothe, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address Washington Blvd.

19. (a) MAR 11 1948 (b) J. Z. Breder

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1946 hour 5:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 1, 1944 to March 10, 1946 that I last saw her alive on March 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute-myocarditis 3da.

Due to Hypertension 2yr.

Other conditions _____

Major findings: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Ray Campbell (M. D. or other) _____
Address 508 1/2 Grand Blvd. Date signed _____

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.....
Licensed Embalmer No. 3398
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.