

FILED JAN 7 1947

318

Primary Registration District No.

1003

State File No.

Registrar's No.

11158

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4155A Farlin Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
 (c) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... 4155A Farlin Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME

Marie Gasteiger

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased. Augustar 30 1860  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 3 26 hr. min.

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

10. Usual occupation..... Unemployed

11. Industry or business.....

MOTHER FATHER

12. Name..... Sinock

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Amelia Dodt

(b) Address..... 4155A Farlin Ave

17. (a) Burial (b) Date thereof. Dec 30 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Picker Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz

(b) Address..... 4828 Nat Bridge Blvd

19. (a) DEC 27 1946 J. F. Breneck  
 (Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26  
 year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10/30 1946 to 12/26 1946  
 that I last saw him alive on 12/24 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Arterio Sclerosis  
Obv Myocarditis  
 Duration 1939

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.

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?  
 (Specify type of place)

While at work..... (Specify type of place)  
 (Specify means of injury)

23. Signature..... Dr. Robert E. Brown (M. D. or other)

Address..... 5329 Rovers Date signed..... 12/27/46

**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 John A. Mlesnar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**