FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 14 1949

Registration District No. 379

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3565

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: St Louis Meramec Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (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.: 3702 A. Evans
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harry Gascovitz (AKA GAST)
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lillie Gast
6. (c) Age of husband or wife if alive: (unk) years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years: Ab. 65 Months: Days: If less than one day hr. min.

9. Birthplace (City, town, or county): Russia (State or foreign country): 0
10. Usual occupation: Merchant
11. Industry or business: Groceries retail

MOTHER
12. Name: Loeb Gascovitz
13. Birthplace (City, town, or county): Russia (State or foreign country): 6

FATHER
14. Maiden name: Bryna (unknown)
15. Birthplace (City, town, or county): Russia (State or foreign country): 6

16. (a) Informant: Mrs. Lillie Gast
(b) Address: 3702 A. Evans
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/3/49 (Month) (Day) (Year)
(c) Place: burial or cremation: Beth Ham Hag Cem.
18. (a) Signature of funeral director: Berger Memorial
(b) Address: 4715 McPherson
19. (a) 1-3-49 (Date received local registrar) (b) Ahmed B. Lemmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 2
year: 1949 hour: six minute: 50 A.M.
21. I hereby certify that I attended the deceased from December 26, 1948, to January 2, 1949; that I last saw him alive on January 2, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	24 hours (last attack)
Due to: 9 a	
Due to:	
Other conditions: Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 4 20!
Of autopsy:

PHYSICIAN
Underline the cause of 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? (e) Means of injury

23. Signature: Arlig Burrow (M. D. or other)
Address: JEWISH SANATORIUM Date signed: 1/2 49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) Fee Road, St. Louis County, P. O. Robertson, Mo.

WRITE PLAINLY—USING 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 Lewis Ludwig

Licensed Embalmer No. 4229

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.