

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22330

BIRTH NO.		REG. DIST. NO. 017		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1511	
1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Warlocks Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bismarck Sparias</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>mt St Rose San</u>				d. STREET ADDRESS (If rural, give location) <u>5803 Michigan 2019</u>			
3. NAME OF DECEASED a. (First) <u>Alice</u> (Type or Print)			b. (Middle) <u>Gastineau</u>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	
8. DATE OF BIRTH <u>6-24-1914</u>		9. AGE (In years last birthday) <u>35</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Piedmont Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Sander</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>Howell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howell Gastineau</u> ADDRESS <u>5803 Michigan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis Fair Advanced</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>6/9/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>First Stage Thoracoplasty</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>/</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1, 1950</u> , to <u>June 18, 1950</u> , that I last saw the deceased alive on <u>June 18, 1950</u> , and that death occurred at <u>11:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. H. Hellman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mt. St. Rose Sanatorium</u>		23c. DATE SIGNED <u>6/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Piedmont Mo</u>		DATE REC'D BY LOCAL REG. <u>6-19-50</u>		REGISTRAR'S SIGNATURE <u>Herbert Blomke</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Shuman - Sparks</u>		ADDRESS <u>Bismarck Mo</u>					

(Licensed Embalmer - Signature on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10 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.**