

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6106

State File No. 1422
Registrar's No. 1422

FILED FEB 23 1951

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | State File No. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | | | | | |
| b. CITY OR TOWN St. Louis | | | c. LENGTH OF STAY (In this place) 90 yrs | | c. CITY OR TOWN St. Louis | | | 2039 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6064 Arsenal | | | | d. STREET ADDRESS (If rural, give location) 6064 Arsenal | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) EMMA | | | a. (First) | | b. (Middle) K. | | c. (Last) GAST | | 4. DATE OF DEATH (Month) (Day) (Year) 2 11 51 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH 7-8-1860 | | 9. AGE (In years last birthday) 90 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? D | | |
| 13a. FATHER'S NAME Jacob Fauth | | | 13b. MOTHER'S MAIDEN NAME Katherine Zimmer | | | 14. NAME OF HUSBAND OR WIFE August Gast | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Raymond Donnerberg, 6064 Arsenal | | | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH 10 yrs. ANTECEDENT CAUSES DUE TO (b) <u>have</u> DUE TO (c) <u>have</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>have</u> | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H-570</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 8, 1949</u> , to <u>Feb 11, 1951</u> , that I last saw the deceased alive on <u>Feb 10, 1951</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>Talent E. Gurnea, M.D.</u> | | | | (Degree or title) | | | | 23b. ADDRESS <u>634 N. Grand Blvd.</u> | | 23c. DATE SIGNED <u>2/12/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE <u>2/14/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>FEB 15 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Roster</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F. H., 1936 St. Louis</u> | | | | | |

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

Dr. Robert E. Fox,

634 North Grand

Hours - 10 to 1

mil

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis Ave*

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.