S. No. 300
v. 10.48

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10102

State File No. 2587

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 20 ST. LOUIS, 2209
d. STREET ADDRESS (If rural, give location): 3414 N. 22nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Sylvester
b. (Middle): A.
c. (Last): Gaeng

4. DATE OF DEATH (Month) (Day) (Year): 3 19 51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/14/1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe maker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repair
11. BIRTHPLACE (State or foreign country): ST. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Gaeng
13b. MOTHER'S MAIDEN NAME: Magdalena Brand
14. NAME OF HUSBAND OR WIFE: Louise Gaeng

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Louise Gaeng — ADDRESS: 3414 N. 22nd St

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): Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
19b. MAJOR FINDINGS OF OPERATION: No.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4-2-18 14-51 Mar 19-51

22. *I hereby certify that I attended the deceased from* [illegible] *19*50 *to* [illegible] *19*51, *that I last saw the deceased alive on* Mar 19 *19*51, *and that death occurred at* 7:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James B. Stubblefield
23b. ADDRESS: 634 N. Grand
23c. DATE SIGNED: 3-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/51
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: MAR 20 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ed. Kach & Son 3516 N. 14 St.

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald A Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.