

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21223**

FILED JUN 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **5300**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO.</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1914 A. ST. LOUIS AVE.</b>		10. STREET ADDRESS (If rural, give location) <b>1914 A. ST. LOUIS AVE.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NICHOLAS.</b> b. (Middle) <b>JOSEPH.</b> c. (Last) <b>GASS.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6<sup>TH</sup> 1951.</b>	
5. SEX <b>MALE ( )</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 12 - 1872</b>
9. AGE (In years last birthday) <b>78 YRS.</b>		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONTRACTOR</b>	
11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BONIFACE GASS</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>MINNIE GASS.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MINNIE GASS 1914 St. Louis Ave.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 MO.</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>162X</b>			
22. I hereby certify that I attended the deceased from <b>11:20</b> <b>1951</b> to <b>6:6</b> <b>1951</b> , that I last saw the deceased alive on <b>6/6</b> <b>1951</b> , and that death occurred at <b>7:00</b> P. M., from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas. J. M. D.</b> (Degree or title)		23b. ADDRESS <b>3500 N. Grand</b>	
23c. DATE SIGNED <b>6.8.51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 11 - 51.</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS. MO</b>	
DATE REC'D BY LOCAL REG. <b>JUN 10 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Brockland Und. Co.</b>		ADDRESS <b>1827 HOGAN. STR.</b>	

(Licensed Embalmer's Statement 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.....

*John J. Haines*

Licensed Embalmer No. *4/08*

P. O. Address *St. Louis 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.