

No. 300  
10/48

-THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35968

State File No. ....

XC-439100  
REG# 96955  
OCT 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 676 Registrar's No. 3380

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY - - - <b>209</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>2614-A ELLIOTT</b>	

3. NAME OF DECEASED a. (First) <b>JAKE</b>		b. (Middle) - -		c. (Last) <b>GASTON</b>		4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>7</b> Year <b>1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>8-18-89</b>		9. AGE (In years last birthday) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DECORATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (State or foreign country) <b>COLUMBUS, MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>FRED GASTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MOORE</b>		14. NAME OF HUSBAND OR WIFE <b>LENIX GASTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS JEFFERSON BARRACKS MO</b>	

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) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>		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) <b>GENERALIZED ARTERIOSCLEROSIS</b> DUE TO (c) <b>DIABETES MELLITUS</b>			
		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 - - - -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>260X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - <b>VA</b> - - - -		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 9-22, 1951, to 10-7-, 1951, that I had seen the deceased ~~and that death occurred on 3:00 a.m., from the causes and on the date stated above.~~

23a. SIGNATURE (Degree or title) <b>Joseph Levitt M.D.</b>		23b. ADDRESS <b>VAH JEFFERSON BARRACKS</b>		23c. DATE SIGNED <b>10-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 12, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS MO</b>			

DATE REC'D BY LOCAL REG. <b>10-9-51</b>		REGISTRAR'S SIGNATURE <b>Robert R. Tomke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SNEED FUNERAL CHAPEL 3615 EASTON AVE.</b>	
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(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

*Leroy W. Summister*

Licensed Embalmer No. 4523

P. O. Address 3880 Easton 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.