

JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 22986
Registrar's No. 1688

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE CALIFORNIA b. COUNTY BURBANK	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS No. 27		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BURBANK 8040	
c. LENGTH OF STAY (in this place) 27 DAYS		d. STREET ADDRESS (If rural, give location) 4512 NORTH CLYBOURN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSP.			

3. NAME OF DECEASED (Type or Print) CARL	a. (First) LEO	b. (Middle) GASS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1952
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JULY 11 1905	9. AGE (in years last birthday) 46	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 1 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRITER	10b. KIND OF BUSINESS OR INDUSTRY FREE LANCE WRITER	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JULIUS GASS	13b. MOTHER'S MAIDEN NAME THERESA HEITZMAN	14. NAME OF HUSBAND OR WIFE LUCILLE GASS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 570-03-4005	17. INFORMANT'S SIGNATURE OR NAME LUCILLE GASS	ADDRESS 4512 N. CLYBOURNE AVE. BURBANK CALIF.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 by perforation, essential		INTERVAL BETWEEN ONSET AND DEATH undeb
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Psychopathic chronic		
	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 None	19b. MAJOR FINDINGS OF OPERATION	6000	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **5-23**, 19**52**, to **6-20**, 19**52**, that I last saw the deceased alive on **6-17**, 19**52**, and that death occurred at **2 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward P. Reh mo 0	(Degree or title)	23b. ADDRESS 462 No. Taylor St. St. Louis Mo.	23c. DATE SIGNED 6-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 23-52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. 6-21-52	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H. Backlage	ADDRESS 6536 Clayton Rd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. Kincaid m. Dr. Reh

SEP 29 1952

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 S. Denny
Licensed Embalmer No. 4194

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.