

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 12 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10930

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			279			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp.			d. STREET ADDRESS (If rural, give location) 17 4116 Botanical St.			0				
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Fred c. (Last) Gastorf			4. DATE OF DEATH (Month) (Day) (Year) 11-25-52							
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-4-1899		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector			10b. KIND OF BUSINESS OR INDUSTRY Lincoln Mercury		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Rudolph Gastorf			13b. MOTHER'S MAIDEN NAME Mary Kamp		14. NAME OF HUSBAND OR WIFE Marie Lossos Gastorf					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I			16. SOCIAL SECURITY NO. 488-05-9237		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Gastorf 4116 Botanical					
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Both Lungs.</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Nephrosis</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X						
22. I hereby certify that I attended the deceased from 6-23, 1932, to 11-25, 1952, that I last saw the deceased alive on 11-25, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.										
23a. SIGNATURE <i>PB Cappel m</i>				23b. ADDRESS 3284 Ironline			23c. DATE SIGNED 11-28			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-29-52	24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. NOV 28 1952		REGISTRAR'S SIGNATURE <i>J. C. Smith MO 27</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. E. Schuer</i> 3125 Lafayette Av.					

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 B. Hollman

Licensed Embalmer No. 4814

P. O. Address 3125 Pottery

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.