THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35529 STATE FILE NUMBER

FILED NOV 16 1956

Registration District No. 318 Primary Registration District No. 9814 1003 Registrar's No. 9814

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST, LOUIS CITY HOSPITAL #1. — Length of stay in lb 224

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
STREET ADDRESS (If outside, give location) 3531 SALENA. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HELEN Middle Last GASTREICH

4. DATE OF DEATH Month Day Year OCT. 26, 1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH SEPT. 8 1872

9. AGE (In years last birthday) 84 — 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) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) ST. LOUIS. MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM FENNEL.

14. MOTHER'S MAIDEN NAME SUSAN T. SCHANNON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHN. G. WOLFF Address 3531 SALENA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/25/56 5:50p. to 10/26/56 and last saw her/him alive on 10/26/56

Death occurred at 9:40 P.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ronald G. Fevers, M.D.

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 10/27/56

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 10/29/56

23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.

23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

24. FUNERAL DIRECTOR ADDRESS GERKEN-BENZ MORTUARY 2302 MERAMEC ST. ST. LOUIS. 18/MO

25. DATE RECD. BY LOCAL REG. OCT 27 1956

26. REGISTRAR'S SIGNATURE J. Earl Smith Md

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joe S Benz

Licensed Embalmer No. 4

P. O. Address 2842 S
St. F

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.