

XC-2 103 718 **FILED FEB 21 1957**
 SL 12440

STANDARD CERTIFICATE OF DEATH
 318

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REGISTRAR'S NO. **709**

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MAPLEWOOD 4495 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 35 VETERANS ADMINISTRATION HOSPITAL		Length of stay in 1b 18 days	d. STREET ADDRESS (If outside, give location) 27 1811 BEREAN AVE., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THOMAS Middle Last GASKIN			4. DATE OF DEATH JANUARY 20, 1957 Month Day Year
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/11/93
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARDMAN		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and state or country) VICKSBURG, MISS. / 1
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME WILLIAM GASKIN	
14. MOTHER'S MAIDEN NAME MERNIVA RIVERS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	
16. SOCIAL SECURITY NO. 490-14-6566		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM CONDITIONS, if any, which gave rise to above cause (b) PATHOLOGICAL FRACTURE OF RIGHT FEMUR stating the underlying cause last. (c) CARCINOMA, RIGHT FEMUR, UNDIFFERENTIATED ON /			INTERVAL BETWEEN ONSET AND DEATH 1 hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1. Aortic Aneurysm due to Lues. 2. Luetic Heart Disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Turned in bed at Hospital	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 1-18-57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 19 Hospital		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Missouri	
21. I attended the deceased from 1/2/57 to 1/20/57 and last saw him him alive on 1/20/57 Death occurred at 3:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Daniel J. Enger Daniel J. Enger M.D.		22b. ADDRESS 915 N. Grand VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-25-57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR ADDRESS Geo. W. Bruce 4469 Washington		25. DATE RECD. BY LOCAL REG. JAN 23 '57	26. REGISTRAR'S SIGNATURE Paul Smith MO no 8 B

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be casually related. 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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frederick P. Stark*

Licensed Embalmer No. *45*

P. O. Address *St. L.*

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.