

STANDARD CERTIFICATE OF DEATH

State File No. **6834**

FILED MAR 4 1957

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **541** Registrar's No. **312**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Midlink 4250
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 2633 Browster	

3. NAME OF DECEASED (Type or Print) AKA Harry Morton Herbert		c. (Last) Gastridge		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1888	9. AGE (In years last birthday) 68	If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 WKS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Union Elec Co.		11. BIRTHPLACE (City and State or Foreign Country) Newtounstewart, Ind	
13a. FATHER'S NAME Silas Gastridge		13b. MOTHER'S MAIDEN NAME Annie Brown		14. NAME OF HUSBAND OR WIFE Angeline	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 493-05-2358		17. INFORMANT'S SIGNATURE OR NAME Angeline Gastridge	
				ADDRESS Clayton, Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis		UNKNOWN	

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) Clayton, Mo.	
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?	

22. I hereby certify that I attended the deceased from **1-29-57**, to **1-31-57**, that I last saw the deceased alive on **1-31-57**, and that death occurred at **3:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert B. Donke MD		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 2-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-1957		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
DATE REC'D BY LOCAL REG. 2-3-57		REGISTRAR'S SIGNATURE Herbert B. Donke MD		24d. LOCATION (City, town, or county) (State) Normandy, Mo.	
		25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros - Overland, Mo.		ADDRESS	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

100

1791.15.1006

epitaph

12/1/11

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 345

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falsely 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.