

58-007249

STATE FILE NUMBER

2431

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 - 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1</u>		Length of stay in 1b <u>25</u>	d. STREET ADDRESS <u>4033 N. FLORISSANT</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Cecilia</u> Middle <u>A.</u> Last <u>Gastorf</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>27</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 4, 1891</u>		9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>WATERLOO, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>JACOB PLUTH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BERGER</u>		14. NAME OF HUSBAND OR WIFE <u>HERMAN GASTORF, DECEASED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>NO</u> unknown) (If yes, <u>none</u> dates of service)		16. SOCIAL SECURITY NO. <u>489-34-4838</u>		17. INFORMANT Address <u>EDWARD PLUTH, 7044 HUNTER AVENUE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.					DUE TO (b) _____ DUE TO (c) _____
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <u>2-25-58</u> to <u>2-27-58</u> and last saw <u>her</u> alive on <u>2-27-58</u> Death occurred at <u>1:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charon M Bernstein, MD</u> (Degree or title)		22b. ADDRESS <u>1515 Lafayette</u>		22c. DATE SIGNED <u>2-27-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MARCH 1, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER & PAUL CEMETERY</u>	
				23d. LOCATION (City, town, or county) (State) <u>WATERLOO, ILLINOIS</u>	
24. FUNERAL DIRECTOR <u>STOCK MORGUARY, 2117 E. GRAND PLAZA</u>		ADDRESS <u>2117 E. GRAND PLAZA</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 28 1958</u>	
				26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u> M. J. B.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Paul G. Wachten*

Licensed Embalmer No. *4787*

P. O. Address *St. Louis Mo*

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

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