

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038488
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2678

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charlack		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Charlack 4270
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8432 Lackland		Length of stay in lb 39 years	d. STREET ADDRESS (If outside, give location) 8432 Lackland
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Rosa Middle - - - - Last Gass			4. DATE OF DEATH Month Oct. Day 17, Year 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1875	9. AGE (In years as of birthday) 83	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Berroth	13b. MOTHER'S MAIDEN NAME - - - - Fetter	14. NAME OF HUSBAND OR WIFE Frank X. Gass
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Frank X. Gass, 8432 Lackland
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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 Congestion & Anemia		INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis II Hypertension III Chronic 10 yrs DUE TO (c) Myelitis III Gastric Ulcer IV Secondary Anemia		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour 5:20 a.m. 592K p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Normandy, Missouri
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21. I attended the deceased from 1928 , to 10/17/58 and last saw her alive on 10/17/58 Death occurred at 4:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Berg Jacobs M.D. (JAR)	22b. ADDRESS 608 Kingsland U. City, Mo.	22c. DATE SIGNED 10/17/58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 10-20-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) Normandy, Missouri
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24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.	25. DATE RECD. BY LOCAL REG. 10-17-58	26. REGISTRAR'S SIGNATURE Hubert G. Domke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

owner, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. 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 *David C. Gibson*

Licensed Embalmer No. *3434*

P. O. Address *Overland*

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.