URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-030406

FILED VS SEP 11 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8009 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS Mo — Length of stay in 1b

c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LUTHERAN Hosp. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 3932 SCHILLER PL. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First GEORGE Middle Last GASSLER

4. DATE OF DEATH: Month AUG. Day 26 Year 1959

5. SEX: MAle

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: AUG. 12 1894

9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER

10b. KIND OF BUSINESS OR INDUSTRY: KROGER BAKERY

11. BIRTHPLACE (City and state or country): YUGO SLAVIA

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF ~~HUSBAND~~ OR WIFE: CHRISTINE GASSLER

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.: 493-03-0558

17. INFORMANT: CHRISTINE GASSLER, Address 3932 SCHILLER PL

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 — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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

DUE TO (b): Arteria Sclerotica Myocarditis. — 1 yr.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Rectum

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 7/28/59, to Aug 26 59 and last saw her/him alive on Aug 25 59.
Death occurred at 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. H. Dinabutt MD

22b. ADDRESS: 5203 Chippewa.

22c. DATE SIGNED: 8/28/59

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

23b. DATE: AUG. 29 1959

23c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS

23d. LOCATION (City, town, or county): ST. LOUIS (State) Mo

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: AUG 28 '59

26. REGISTRAR'S SIGNATURE: Karl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elenan Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grav

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