WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34750

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9376

Township ..... Primary Registration District No. 1003 Registered No. 9376

City St Louis (No. City Infirmary St. ..... Ward)

2. FULL NAME Peter Gastreich

(a) Residence. No. City Infirmary 5800 arsenal St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 17, 1842.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	5	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Iron-worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Last Hellenbach Iron works

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER Peter Gastreich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Marie Smith Effinger
(Address) City Infirmary 5800 Arsenal

15. FILED NOV -5 1927 19 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Nov 2, 1927 that I last saw him alive on Nov 2, 1927 and that death occurred, on the date stated above, at 9 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. myocarditis & arteriosclerosis
Senility & #103 Static Pneumonia
Not Lobar or Bronchostypostatic
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility & Static Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical findings

(Signed) Kenneth L. Hood, M. D.
10/3, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Peter-Paul	Nov. 5 1927
20. UNDERTAKER	ADDRESS
Wacker-Heldell	2331 So. Bivay