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

Do not use this space.

42538

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 42538

Township ..... Primary Registration District No. 1003 Registered No. 11777

City St. Louis (No. 6312 Fyler Ave. St. ..... Ward)

2. FULL NAME Edward H. Van Gaasbeck

(a) Residence. No. 6312 Fyler Ave. St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stephanie Van Gaasbeck.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 30th. 1868.

7. AGE: 60 YEARS, 7 MONTHS, 2 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Pluming Co.
(c) Name of employer: N. O. Nelson

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. E. H. Van Gaasbeck
(Address) 6312 Fyler Ave.

15. FILED: [illegible] -4 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 2nd. 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928, to Dec 2nd, 1928 that I last saw him alive on Dec. 2nd, 1928, and that death occurred, on the date stated above, at 6.40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
109
93A
Acute Myocarditis
(duration) — yrs. — mos. one ds.

CONTRIBUTORY (SECONDARY)
Lobar Pneumonia (duration) — yrs. — mos. 8 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? Usual

(Signed) C. H. Wilcox M.D., M.D.
Dec 3rd, 1928 (Address) 3801 Ivanhoe Ave. St. Louis Mo

*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: New St. Marcus
DATE OF BURIAL: Dec. 4- 1928.

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 S. Broadway

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.