

Registration District No. **791**

Primary Registration District No. **1003**

**FILED MAR 12 1940**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4332 Holly Hills Blvd.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether  
 In this community 209  
years, months or days)

3. (a) PRINT FULL NAME Gus Gastler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Gastler 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 10th 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Baker retired 9 years

11. Industry or business

12. Name August Gastler

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina  
(City, town, or county) (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Gastler

(b) Address 4332 Holly Hills Blvd.

17. (a) Burial (b) Date thereof 2-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) FEB 12 1940 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 7  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4332 Holly Hills Blvd.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th  
 year 1940 hour \_\_\_\_\_ minute 5<sup>30</sup> P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1939 to Feb 11, 1940;  
 that I last saw him alive on 2-11, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy) Duration 12 hrs

Due to General Arterio-sclerosis } 1 year  
Arterial Hypertension }

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. L. [Signature] (M. D. or other) M.D.  
 Address 3115 So Grand Date signed 2/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. Langsdorf  
3115 So. Grand Blvd.

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Edwin M. Stewart

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, above space should be left blank.**