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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 25 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5540
Registrar's No. 1788

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

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1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3yrs.3mo.13da. (Specify whether years, months or days) In this community 83yrs.3mo.30da.

2. USUAL RESIDENCE OF DECEASED: 099
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis 139
(If outside city or town limits, write "RURAL")
(d) Street No.: City Infirmary
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Calvin Gast
3. (b) If veteran, name war: No
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: Dorothy Ballmer Gast
6. (c) Age of husband or wife if alive: unknown
7. Birth date of deceased: Oct. 25, 1857 (Month) (Day) (Year)

8. AGE: Years 83 | Months 3 | Days 30 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Salesman & Restaurant
11. Industry or business: Owner

MOTHER FATHER
12. Name: Leopold Gast
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name: Bertha Volkman Gast
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: L. Weggerdy
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem.
18. (a) Signature of funeral director: Sudmeyer & Sons
(b) Address: 3934 N. 20th St.
19. (a) FEB 25 1941 (Date received local registrar) (b) L. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 24, day ___ year 1941 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from 11-12-37, 19__, to 2-24-41, 19__; that I last saw him alive on 2-24-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis 11-12-37x
Due to
Due to: Pyelonephritis 1-1-41
non calculous
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: 93d
Of autopsy: Yes. 93d

PHYSICIAN
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? (Specify type of place)
While at work
(e) Means of injury: D

23. Signature: Paul T. Hartman (M. D. or other)
Address: City Infirmary Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.