

No. 2
4-13-40
-17-39
K 23159

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 317

(d) Street No. 2723 Dalton Ave.
(If rural, give location) 9

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Harry Gasper.

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-6324

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Grace Gasper

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4-4-1906
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>35</u> | <u>2</u> | <u>17</u> | hr. _____ min. _____ |

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

10. Usual occupation Steel worker

11. Industry or business Sheffield Steel Co.

12. Name Emil Gasper

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

14. Maiden name Lena Sonetta

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

16. (a) Informant Emil Gasper

(b) Address 2723 Dalton Ave.

17. (a) Burial (b) Date thereof 6-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegerhauser Mortuar

(b) Address 4228 So Kingshighway Blvd

19. (a) 1111 24 1941 (b) J. T. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23, year 1941 hour 11:00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from June 19, 1941 to June 23, 1941; that I last saw him alive on June 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis

Due to Pulmonary tuberculosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature M. M. Keel (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 6/24/41

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

MOTHER FATHER

EMIC

MAR 30 1943

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 P. Mc Dermott

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, fact should be so stated above.