

844  
S. No. 2  
M-9-4-41  
v. 5-17-39  
P1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8582

State File No. ....

2739

FILED APR 13 1942

1003

Registrar's No. ....

Registration District No. **791**

Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County: St. Louis, Missouri  
(b) City or town: St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 18 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: 11  
(c) City or town: St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Oganam Shelter Home  
3715 Montross St.  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME: Charles A. Gaston

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 25, year 1942 hour 4:40 minute A. M.

4. Sex: 0 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: March 5 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 7, 19 42 to March 25, 19 42, that I last saw him alive on March 25, 19 42; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

8. AGE: Years Months Days If less than one day  
71 0 21 hr. \_\_\_\_\_ min.

Due to: arteriosclerosis

9. Birthplace: St. Joseph Mo.  
(City, town, or county) (State or foreign country)

Due to: W

10. Usual occupation: Repair Shop

Other conditions: 1/31  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business: \_\_\_\_\_  
12. Name: Charles Gaston  
13. Birthplace: unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mary Moon  
15. Birthplace: unknown 9  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Leatic Garrison  
(b) Address: 4753 Swan Ave.  
17. (a) Burial (b) Date thereof: Mar. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Memorial Park  
18. (a) Signature of funeral director: Chas. A. Full  
(b) Address: 4757 Washington St.  
19. (a) WAR 27 1942 J. F. Bredet  
(Date received local registrar) (Registrar's signature)

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)  
(c) Means of injury: 0  
23. Signature: M. M. Full (M. D. or other)  
Address: 1515 Lafayette Avenue. Date signed: 3/25/42

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

40  
17  
9

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 *Heward P Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

**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.**