

FILED SEP 23 1942 318

Primary Registration District No. 1003

Registrar's No. 7578

1. PLACE OF DEATH: St. Louis, Mo.

(a) County.....

(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: 3 yrs. 5 mos. 20 days.
(Specify whether)

In this community: About 49 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 12/3

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

(d) Street No.: 2458 DeKalb
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: George Gaspar (Gasper)

3. (b) If veteran, name war: -

3. (c) Social Security No.: -

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: single

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 76 years hr. min.

9. Birthplace: Unknown Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: Steve Gaspar

13. Birthplace: Unknown Hungary
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Faynick

15. Birthplace: Unknown Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant: J. F. Buddeck

(b) Address: City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereon: Sept 11/42
(Month) (Day) (Year)

(c) Place: burial or cremation: SS Peter and Paul Cm.

18. (a) Signature of funeral director: Weick Bros. Und. Co.

(b) Address: SEP 2201 S. Grand Bl.

19. (a) SEP 11 1942 (Date received local registration) (b) J. F. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 8

year: 1942 hour: 2:15 minute: P. M.

21. I hereby certify that I attended the deceased from 7-1-42, 19....., to 9-8-42, 19.....;

that I last saw him alive on 9-8-42, 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death: Syphilitic Myocarditis 3-20-33x

Due to: General Paresis 3-20-33x

Due to:

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

Major findings: Of operations: 307

Of autopsy: No.

PHYSICIAN: 307

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) (c) Means of injury:

23. Signature: Stanley S. Young (M: D. or other) M.D.

Address: 5400 Apennin St. Date signed: 9/19/42

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

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.....

John Fetter
.....
Licensed Embalmer No. **3880**
.....

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.