

S. No. 2  
 00M-5-43  
 Rev. 5-17-39  
 I X36671

**FILED** JUL 3 1946

Primary Registration District No. **1003**

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

**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: **Missouri Pacific Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** **Charles A. Gascio**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frances Mary Gascio**

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

7. Birth date of deceased **October 28 1884**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>61</b>	<b>7</b>	<b>28</b>	hr. _____ min.

9. Birthplace **Gradac, Krizovna Yugoslavia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Car Repairman**

11. Industry or business **Railroad**

**MOTHER FATHER**

12. Name **Ivan Gascio**

13. Birthplace **Gradac Yugoslavia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Antonia Fucic**

15. Birthplace **Gradac Yugoslavia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Gascio, Jr.**

(b) Address **3116 Gardner, Kansas City, Mo.**

17. (a) **Removal**  
(Burial, cremation, or removal)

(b) Date thereof **6-27-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Kansas**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUN 27 1946**  
(Date received local registration)

(b) **J. J. Bredeck**  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3116 Gardner**  
(If rural, give location) **NR8**

(e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **26**  
 year **1946** hour **5:00** minute **5** P.M.

21. I hereby certify that I attended the deceased from **April 17, 1946** to **June 26, 1946**  
 and that I last saw him alive on **June 26, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the lung**

Duration **2 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

**PHYSICIAN**

Major findings: **Ca of right lung**

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 **Robert Lanning** (M. D. answer)

Address **19 Leland, Mo.** Date signed **6/26/46**

20620

AUG 18 1947

AUG 19 1946

AUG 16 1946

**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 Agnoski  
Licensed Embalmer No. 3398

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.