

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28306

State File No.

Registrar's No.

FILED SEP 3 1946
Registration District No. 317

Primary Registration District No. 6076

1784

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

1. PLACE OF DEATH:
St. Louis
(a) County
(b) City or town Remay
(c) Name of hospital or institution: Mt. St. Rose Sanitarium
(d) Length of stay: In hospital or institution 1 month
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Normandy
(d) Street No. 6943 Myron
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Albert J. Gastreich
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. --

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased July 21 1875

8. AGE: Years 71 Months 1 Days 5
If less than one day hr. min.

9. Birthplace St. Louis Missouri
10. Usual occupation Retired

MOTHER FATHER

11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Violet Lamb
(b) Address 6943 Myron, Normandy, Mo.
17. (a) Burial (b) Date thereof 8/29/46

(c) Place: burial or cremation N. St. Pauls Churchyard
18. (a) Signature of funeral director Mackey-Kelley
(b) Address 3634 Gravois Ave.
19. (a) 8-29-46 (b) J. M. Lanham, D. (Registrar's signature) 250

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 26
year 1946 hour 9 minute 54 A.M.
21. I hereby certify that I attended the deceased from July 29, 1946 to July 29, 1946
that I last saw him alive on Aug. 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Thyroid Adenocarcinoma of Pulmonary
Due to 13 1/2
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(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 John C. Murphy (M. D. or other) M.D.
Address 4200 Olive St. Date signed 8-26-46

NOV 19 1945

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 Robert C. White

Licensed Embalmer No. 2178

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.