

Registration District No. **318** Primary Registration District No. **1003**

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: **City of St. Louis 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)

3. (a) PRINT FULL NAME **Anthony Gastreich**
3. (b) If veteran, name war **no.** **3. (c) Social Security** No. **no.**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna Mann**
6. (c) Age of husband or wife if **22** **years**
7. Birth date of deceased **November 3, 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **22**
If less than one day hr. min.

9. Birthplace **St. Louis** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Street Car Operator**

11. Industry or business

12. Name **Peter Gastreich**

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

14. Maiden name **Ann**

15. Birthplace **"** **?**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Mann**

(b) Address **3421 Wisconsin**

17. (a) Burial **(b) Date thereof** **2 28 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Witt Bros. L. & U. Co.**

(b) Address **2929 S. Jefferson Ave.**
FEB 26 1947

19. (a) (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **000**
 (c) City or town **ST. LOUIS** **2417**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3421 Wisconsin Av.** **9**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **25**
 year **1947.** hour **10** minute **05** **A.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **1. Pulmonary embolism**
2. Fracture of left femur
caused when deceased
fell to the sidewalk in front
of 3632 1/2 Broadway Bldg
Due 3-19-47 at about 8:00 PM

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

Major findings: _____
 Of operations _____
 Of autopsy _____

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) **Accident**

(b) Date of occurrence **Jan 23 1947**

(c) Where did injury occur? **20th St**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public sidewalk

While at work? _____ **(e) Means of injury** **is above**

23. Signature **Patricia E. Taylor** **Reg 23**
(City or town) (County) (State)

Address **1300 Clark** **Date signed** **2-25-47**

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.....
W. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson Ave*

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.