

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

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

FILED AUG 4 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6518**

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:  
Enroute to City Hospital #1 **3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds **90**

(c) City or town Bunker  
(If outside city or town limits, write "RURAL")

(d) Street No. W. R. R. #1 **2**  
(If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS W. GASH

3. (b) If veteran, name war World War #2

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th  
year 1947 hour \_\_\_\_\_ minute 45 M.

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Julia Bolejack Gash

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 14, 1904  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis  
Due to \_\_\_\_\_  
94a  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

42	10	24	hr. _____ min.
----	----	----	----------------

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Rapid City, So. Dakota  
(City, town, or county) (State or foreign country)

10. Usual occupation Ass't Engineer (Admiral)

11. Industry or business Streckfus Riverboat Lines

MOTHER FATHER {

12. Name Henry A. Gash

13. Birthplace ? Missouri **0**  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Watts

15. Birthplace ? Missouri **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Gash

(b) Address Bunker, Missouri

17. (a) burial (b) Date thereof 7-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUL 10 1947 J. F. Breese  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 3

23. Signature Patrick T. Taylor (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 7-9-47

AUG 4 1941

---

---

**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     *P W Cooper*    

Licensed Embalmer No.     3830    

P. O. Address     2301 Lafayette 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.**