

S. No. 2  
12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 29 1947  
Registration District No. 276

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35288  
Registrar's No. 66

Primary Registration District No. 5947

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

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town St. James, Mo  
(c) Name of hospital or institution: State Federal Soldiers Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 month  
(Specify whether years, months or days) 14 month

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3720 Glasgow Ave  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRY GASCAMP  
(b) If veteran, name war Spanish (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 19  
year 1947 hour 12 minute 10 P. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Aug 13 1946, to Oct 19 1947  
that I last saw him alive on Oct 18 1947  
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 6 - 1877  
(Month) (Day) (Year)  
8. AGE: Years 70 Months 6 Days 7 If less than one day hr. — min. —

Immediate cause of death Cerebral Emboli Duration 10 days  
Due to Coronary Occlusion

9. Birthplace Don't know (City, town, or country) (State or foreign country) 9

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

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Harry Gascamp  
13. Birthplace Germany (State or foreign country) 4  
14. Maiden name Elizabeth  
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country) 0

Major findings: Of operations 94A  
Of autopsy \_\_\_\_\_

16. (a) Informant Eulgie Hine Reed  
(b) Address St. James Mo  
17. (a) Burial (b) Date thereof Oct 22 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cem. Jeff. Barrack's Mo.  
18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.  
(Specify type of place) 0  
(b) Address 1936 St. Louis Ave  
19. (a) Oct 19, 1947 (b) Gara C. Birmingham  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature William S. Brewer (M. D. or other) 0  
Address St. James Mo Date signed 10/19/47

FEB 18 1948

EXPIRES FEB 18 1948

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 *Delbert J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**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.

Registration District No. 276

Primary Registration District No. 5947

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town St James  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days)

3. (a) PRINT FULL NAME Harry Gascomp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m 5. Color or race w

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

5. (b) Name of husband or wife

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

7. Birth date of deceased June 6  
(Month) (Day) (Year)

8. AGE: Years 70 Months Days

If less than one day min.

9. Birthplace Mo. K  
(City, town, or county) (State or foreign country)

10. Usual occupation Trimmer

11. Industry or business

12. Name  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 Year 1947 hour 6 minute 19 M.

21. I hereby certify that I attended the deceased from 6 to 6 o'clock, 19 that I last saw him alive on 6 and that death occurred on the date and hour stated above.  
Immediate cause of death

Duration

Due to  
Due to

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)  
(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 (M. D. or other) Address Date signed

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

SUPPLEMENTARY

MOTHER FATHER

S-35288