S. No. 300
v. 10.48

FILED SEP 15 1950
#112436

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28201

State File No. 7520

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2239
d. STREET ADDRESS (If rural, give location): 2720 McNair 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Gasper

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Nov 7, 1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brewery Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ~~not known~~ WWILLIAM GASPER
13b. MOTHER'S MAIDEN NAME: ~~not known~~ ELIZA *
14. NAME OF HUSBAND OR WIFE: Lena Gasper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 489-07-1265
17. INFORMANT'S SIGNATURE OR NAME: Joseph Gasper — ADDRESS: 5429 Gertrude

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-28-50
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Esophagus
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 150X

22. *I hereby certify that I attended the deceased from* 8/11/50, 19__, 8/31/50, 19__, *that I last saw the deceased alive on* 8/31/50, 19__, *and that death occurred at* 10:46am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph C. Vedenk 0 M.D.
23b. ADDRESS: 1515 Lafayette
23c. DATE SIGNED: 8/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 9/5/50
24c. NAME OF CEMETERY OR CREMATORY: N St Marcus Cemetery
24d. LOCATION (City, town, or county) (State): St Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 5 1950
REGISTRAR'S SIGNATURE: J. B. Lovater
25. FUNERAL DIRECTOR'S SIGNATURE: J L Ziegenhein & Sons — ADDRESS: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 28201-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7520

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth / death
for John Gasper died ~~xxxx~~ 8-31-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 13a should read William Gasper
Instead of Unknown

Item No. 13b should read Eliza-----
Instead of Unknown

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph Gasper Inf.
Relationship.

5429th Gertrude
Present Address.

Subscribed and sworn to before me this 21 day of September, 1950

My Commission expires 3-4-53

Ella Gaddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667