

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18010**  
**4588**

FILED JUN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>42 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>75 4453 NEOSHO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4453 NEOSHO</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>		b. (Middle) <b>—</b>	
c. (Last) <b>GASS, SR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 15, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN 1, 1856</b>
9. AGE (In years last birthday) <b>96</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>	
IF UNDER 2 HRS. Hours <b>—</b> Min. <b>—</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JACOB GASS</b>		13b. MOTHER'S MAIDEN NAME <b>JOHANNA GLOSSMEYER</b>	
14. NAME OF HUSBAND OR WIFE <b>ELIZABETH GASS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Geo Gass</b>		ADDRESS <b>4453 NEOSHO ST LOUIS MO</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis &amp; Myocardial DENERGATION</b> ANTECEDENT CAUSES Atherosclerotic conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis - general</b> L.I.C. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>		DUE TO (b) <b>20 YRS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>422P</b>			
22. I hereby certify that I attended the deceased from <b>1947</b> , to <b>15 MAY</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>14 MAY</b> , 19 <b>52</b> , and that death occurred at <b>7:20P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George A. Youngman</b>		23b. ADDRESS <b>W.D. 5439 GRAVOIS ST. LOUIS MO</b>	
23c. DATE SIGNED <b>15 MAY 52</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>MAY 17 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>- WATERLOO ILL</b>		24d. LOCATION (City, town, or county) (State) <b>WATERLOO ILLINOIS</b>	
DATE REC'D BY LOCAL REG. <b>MAY 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Emil Schenck</b>		ADDRESS <b>WATERLOO ILLINOIS</b>	

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East 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.