

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2797**
0924

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0924**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2279	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 38 yrs	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2707 Mills St		e. STREET ADDRESS (If rural, give location) 21 2707 Mills St.	

3. NAME OF DECEASED (Type or Print) LEO			a. (First)	b. (Middle)	c. (Last) GASTON	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954				
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 10, 1893		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labore r			10b. KIND OF BUSINESS OR INDUSTRY Steel Fdy			11. BIRTHPLACE (City and State or Foreign Country) Chester, Ill			12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Oliver Gaston		13b. MOTHER'S MAIDEN NAME Florence Williams		14. NAME OF HUSBAND OR WIFE Eunice Gaston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eunice Gaston, 2707 Mills St	

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		INTERVAL BETWEEN ONSET AND DEATH 1-24-54
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Broncho Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 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	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442x		

22. I hereby certify that I attended the deceased from **11-15, 1953**, to **1-25, 1954**, that I last saw the deceased alive on **1-25, 1954**, and that death occurred at **1:20 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Juliana C. Shepard, M.D.	(Degree or title)	23b. ADDRESS 2702 Franklin Ave	23c. DATE SIGNED 1-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/29/54	24c. NAME OF CEMETERY OR CREMATORY Local Cemetery	24d. LOCATION (City, town, or county) (State) Chester, Illinois
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DATE REC'D BY LOCAL REG. JAN 29 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green	ADDRESS 4060 Washington Ave
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin E. Green*

Licensed Embalmer No. *48*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.