

FILED JUL 1 - 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 21658

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 704

1. PLACE OF DEATH a. CITY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY ST. LOUIS	
b. CITY OR TOWN PASADENA HILLS		c. LENGTH OF STAY (in this place) 15 years		c. CITY OR TOWN PASADENA HILLS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7421 RAVINA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 7421 RAVINA	
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE			b. (Middle) L.		
c. (Last) GASEN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 18, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 26, 1897.	9. AGE (In years last birthday) 57	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and State or Foreign Country) LITCHFIELD, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME HERMAN WINDEH		13b. MOTHER'S MAIDEN NAME ANNA LUBER		14. NAME OF HUSBAND OR WIFE HARRY GASEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HARRY GASEN		
				ADDRESS 7421 RAVINA	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA					
INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
DUE TO (b) CHRONIC PAREUCHYMATOUS NEPHRITIS					
DUE TO (c) CHRONIC MYO-CARDITIS					
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 checked="" 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)		4222
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb. 10, 1954, to March 18, 1954, that I last saw the deceased alive on March 18, 1954, and that death occurred at 2:10 pm., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. Roy Compton, M.D.		23b. ADDRESS 10502 Manchester, Kirkwood, Mo.		23c. DATE SIGNED 3-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-18-54	24c. NAME OF CEMETERY OR CREMATORY LITCHFIELD, ILLINOIS	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-19-54		REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ALBERT H. HOPPE, 4700 WASHINGTON	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.