

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38719**

FILED OCT 16 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2337**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN SAPPINGTON		c. CITY OR TOWN AFFTON 4810	
c. LENGTH OF STAY (in this place) 3 Yr.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION GRAVOIS REST HAVEN			
e. STREET ADDRESS (If rural, give location) 8045 MATHILDA			

3. NAME OF DECEASED (Type or Print) Michael	a. (First)	b. (Middle)	c. (Last) GASS Sr.	4. DATE OF DEATH (Month) Sept (Day) 18 (Year) 1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 24, 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY CONCRETE BUS.	11. BIRTHPLACE (City and State or Foreign Country) EUROPE 5	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ANDREW GASS	13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE LENA (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MICHAEL GASS, JR.	ADDRESS 8045 MATHILDA
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION */ Vascular		INTERVAL BETWEEN ONSET AND DEATH 9-1-57
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral/accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio-Sclerosis DUE TO (c) Arteriosclerotic Cardio-Vascular Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1957, to Sept 18, 1957, that I last saw the deceased alive on Sept 18, 1957, and that death occurred at 1:55 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	23b. ADDRESS P. O. BOX 248 VALLEY PARK, MO.	23c. DATE SIGNED 9-19-57
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24a. FUNERAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/21/1957	24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.
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DATE REC'D BY LOCAL REG. 9-21-57	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE L ZIEGENHEIN & SONS	ADDRESS 7027 GRAVOIS
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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 Donald E. Bins

Licensed Embalmer No. 4863

P. O. Address 7057 Gravel

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.