MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

JUN FILED 19 64 218 — Registration District No. — Primary Registration District No. 1003 — Registrar's No. 55 — 0024596 — STATE FILE NUMBER 0024596

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3539 Wyoming St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First PAULINE — Middle M. — Last GAHR

4. DATE OF DEATH: Month June — Day 6 — Year 1964

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-5-1902

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Moark, Ark..

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Avery

13b. MOTHER'S MAIDEN NAME: Tillie Strong

14. NAME OF HUSBAND OR WIFE: Frank Gahr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi...): No — None

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Mable Tebbe 3335 Carson

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Failure	6/64
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis	10/63
DUE TO (c)	Carcinoma of Urinary Bladder	5/63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 181.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from August 1949 to June 7, 1964 and last saw her/him alive on June 6, 1964

Death occurred at 10:15 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank G. Zingale M.D. — 22b. ADDRESS: 6500 Chippewa — 22c. DATE SIGNED: 6/8/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: June 10, 1964 — 23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Mausoleum — 23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 9 1964

26. REGISTRAR'S SIGNATURE: Jean Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
2	216		DOCUMENT
4	1		
5	1		
7	1		
8	2		
12	650		
	65		

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Frank Zingale
6500 Chippewa St.
2-4
Fl. 1-0155

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address St Louis Mo

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.