

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 4396
Registrar's No. 1226Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days3. (a) PRINT FULL NAME JOHN GUBSER3. (b) If veteran, name war Nil 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Frances Gubser 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased March 13, 1880
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 10 20 hr. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Printer

11. Industry or business _____

12. Name William Gubser18. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frances Gubser(b) Address 1913 S. 11th St.17. (a) Burial (b) Date thereof Feb. 7, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director W. E. Maxwell(b) Address FEB 6 1940 Allen Ave.19. (a) _____ (b) J. B. Bradick
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1913 S. 11th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd
year 1940 hour 9 minute 05 P. M.21. I hereby certify that I attended the deceased from Feb. 1, 1940, to Feb. 3, 1940,
that I last saw him alive on Feb. 3, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Nephritis

Duration

2 yrs.Due to Hypertension8 yrs.Due to Chronic Myocarditis8 yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature Howard Benjamin (M. D. or other) MD
Address 7408² Michigan Date signed 2/5/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj. O. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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, above space should be left blank.