S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16744

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4262

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

24
OC
17
9

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: Lennox Hotel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lennox Hotel (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 11 (If outside city or town limits, write "RURAL")

(d) Street No. 4587A EVANS (If rural, give location)

(e) If foreign born, how long in U. S. A. No Attending Physician years.

3. (a) PRINT FULL NAME EDNA MARIE GEBAUER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-07-8790

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ~~MAY 6~~

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 6 (Day) 1904 (Year)

8. AGE: Years 37 Months 0 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) ILL (State or foreign country)

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business LENNOX HOTEL

FATHER
12. Name JOSEPH GEBAUER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNA SCHMITT
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Lilly Nicholas

(b) Address 4587A Evans ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5- (Month) (Day) (Year)

(c) Place: burial or cremation VAHALLA

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N. Taylor ave

19. (a) MAY 21 1941 (Date received local registrar) (b) J. T. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 1941 hour 3 minute 46 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis, chr.	
Due to Infarct Left Kidney	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92d	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

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 Clement T. McNeary

Licensed Embalmer No. 3332

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.