

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1431

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 3730 Illinois
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mrs. Magdalena Louise Gaebler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel Gaebler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 21, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Altenburg 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Schilling

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Schuessler

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Bredecker

(b) Address 3730 Illinois

17. (a) Burial (b) Date thereof July 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 7 1941 (b) J.R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 7
1941 to July 7, 1941
that I last saw her alive on July 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Gangrene 1me
Left leg

Due to Arteriosclerosis 2me

Due to Plus

Other conditions Chronic Myocarditis (severe) 2me
(Include pregnancy within 3 months of death)

Major findings: 930 PHYSICIAN

Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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) (e) Means of injury _____

23. Signature J.R. Meyer (M. D. or other) MD

Address 1129 9th Hamilton Date signed July 7, 1941

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

600

Dr. Campbell
-3-4
8029 Forsythe

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.