S. No. 2
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959

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39672

FILED NOV 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10288

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: Normandy 6
(If outside city or town limits, write "RURAL") 0

(d) Street No.: 7280 Winchester Dr. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Amelia B. Gaebler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife: Late Otto Gaebler

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

7. Birth date of deceased: October (Month) 10 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	0	26	hr. min.

9. Birthplace: St. Louis Mo (City, town, or county) 6 (State or foreign country)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Herman Barlewort 4
13. Birthplace: Germany 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louise Linhardt
15. Birthplace: St. Louis Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Irma Hill
(b) Address: 7280 Winchester Dr. Normandy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem

18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Blvd

19. (a) NOV 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1947 hour 8. minute 30 A. 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.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
94	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 8

23. Signature: Dr. Alfred J. Berry (M. D. or other)
Address: Deputy Coroner Date signed 11-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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 John A. Mulman

Licensed Embalmer No. 4186

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 this body is not embalmed, fact should be so stated above.