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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 34972

Registrar's No. 2498

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: ~~St. Louis~~ Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3440 Louisiana
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fred J. Gebhardt
3. (b) If veteran, name war: W.W. #1
3. (c) Social Security No.: 497-03-4295
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Irene
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Oct. (Month) 9 (Day) 1898 (Year)
8. AGE: Years 50 Months 0 Days 17 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Engineer
11. Industry or business: Mt. St. Rose Sanitorium
FATHER 12. Name: Joseph Gebhardt
13. Birthplace: Columbia (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name: Louisa Rodenheiser
15. Birthplace: Waterloo (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Irene Gebhardt
(b) Address: 3440 Louisiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery Jefferson Barracks, Mo
18. (a) Signature of funeral director: Macker-Hellerle
(b) Address: 3634 Gravois Avenue
19. (a) 10-28-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 3, 1948 to Oct 26, 1948 that I last saw him alive on Oct. 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	24 days
Due to: Arteriosclerotic Heart Disease	
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 930	

Major findings:
Of operations:
Of autopsy: Same plus Pulmonary Fibrosis

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: 0
23. Signature: Masao Ohnoto (M. D. or other)
Address: 3903 Olive Date signed: 10/28/48

Jefferson City Printing Co.

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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, fact should be so stated above.