

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18083**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **6076** Registrar's No. **971**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Pond) c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Pond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Ave		d. STREET ADDRESS (If rural, give location) Maple Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Edward	c. (Last) Gaehle	4. DATE OF DEATH (Month) (Day) (Year) April, 20, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17, 1881	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. BUSINESS OR INDUSTRY Building contractor	11. BIRTHPLACE (State or foreign country) St. Louis County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Gaehle	13b. MOTHER'S MAIDEN NAME Mary Bernard	14. NAME OF HUSBAND OR WIFE Emily Gaehle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Emily Gaehle,	ADDRESS Glencoe, Mo. R #1
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 834 X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 834			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 14, 1949**, to **April 20, 1949**, that I last saw the deceased alive on **April 20, 1949**, and that death occurred at **7:50 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry F. Scott M.D.	23b. ADDRESS Ballwin Mo.	23c. DATE SIGNED April 20-49
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24a. BURYAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 22, 49	24c. NAME OF CEMETERY OR CREMATORY Bethel	24d. LOCATION (City, town, or county) (State) Pond, Mo.
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DATE REC'D BY LOCAL REG. 4-21-49	REGISTRAR'S SIGNATURE Shirley L. Lunn	25. FUNERAL DIRECTOR'S SIGNATURE Bohrader Funeral Home,	ADDRESS Ballwin, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

H. Schrader

Licensed Embalmer No.

3066

P. O. Address

Ballerwin, Pa.

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.