

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2300

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 268					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 21th			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				d. STREET ADDRESS (If rural, give location) 16 3400 S. Grahd Blvd.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor 3400 S. Grahd Blvd.				3. NAME OF DECEASED a. (First) Hugo		b. (Middle) _____		c. (Last) Bourscheidt			
4. DATE OF DEATH January 10, 1950		5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/>		8. DATE OF BIRTH February 16, 1869			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Days 10		IF UNDER 24 HRS. Hours 24		11. BIRTHPLACE (State or foreign country) St. Louis MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Porter			10b. KIND OF BUSINESS OR INDUSTRY _____			13a. FATHER'S NAME Gerhardt Bourscheidt			13b. MOTHER'S MAIDEN NAME Lisette Schultafarwig		
14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Bourscheidt 3629a Arkansas Ave.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senebiter DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralytic stroke				INTERVAL BETWEEN ONSET AND DEATH 5 yr 3 yr 3 yr			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) 4500	
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? _____		22. I hereby certify that I attended the deceased from Jan 4 1950 to Jan 10 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 5:20 pm, from the causes and on the date stated above.					
23a. SIGNATURE (In free or title) _____				23b. ADDRESS _____				23c. DATE SIGNED 10/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE 1/11/50		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.			
DATE REC'D BY LOCAL REG. JAN 10 1950		REGISTRAR'S SIGNATURE _____				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

me

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.