

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10470
Registrar's No. 2587

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>10470</u>		Registrar's No. <u>2587</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			d. STREET ADDRESS (If rural, give location) <u>25 - 10 N. 10th St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1950</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Gober</u>				5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>							
8. DATE OF BIRTH <u>May 19, 1899</u>				9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 Hrs. Hours _____ Mts. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unavailable</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Scott Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Louis P. Gober</u>				13b. MOTHER'S MAIDEN NAME <u>Annie M. Taylor</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Gober</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Gober, VanDueser, Mo.</u>					
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Interstitial Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>592X</u>							
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 P.</u> m., from the causes and on the date stated above.											
22a. SIGNATURE <u>Catriel E. Taylor</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>1300 Clark</u>				22c. DATE SIGNED <u>3/17/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Morley, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>MAR 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>							

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

JUL 20 1951

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.....
.....
working under my personal supervision. Student Embalmer No.....

Signed..... No Embal
.....
Student Embalmer Licensed Embalmer No.....
P. O. Address.....

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.