

FILED FEB 8 1952

STANDARD CERTIFICATE OF DEATH

44158
State File No. 10930
Registrar's No. 10270

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
c. LENGTH OF STAY (in this place) 0		d. STREET ADDRESS (If rural, give location) Route 9 Box 292 Telegraph Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		e. CITY OR TOWN 87	
		f. ZIP CODE 4870	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) A. J.	c. (Last) Gebhardt	4. DATE OF DEATH (Month) (Day) (Year) December 8, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 16, 1882	9. AGE (In years, months, days) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Oakville, Mo.	12. CITIZEN OF WHAT COUNTRY? b
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13a. FATHER'S NAME John Gebhardt	13b. MOTHER'S MAIDEN NAME Elizabeth Becker	14. NAME OF HUSBAND OR WIFE Annie H.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie H. Gebhardt Rt 9 Box 292 Lemay, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5/26/50+ 5/26/50+ 5/26/51+
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia - DUE TO (c) Arterio sclerotic / Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from May 26, 1950, to Dec. 8, 1951, that I last saw the deceased alive on 12/6, 1951, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE In absence of Dr. [Signature] 6376 Clayton Rd. St. Louis 17, Missouri	23c. DATE SIGNED 12-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum	24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Rd. Lemay, Mo.
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DATE REC'D BY LOCAL REG. DEC 10 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway
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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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 2874 S. Broadway

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.