

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10896

State File No.

FILED MAR 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>444</u>			
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON Mo</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>48 RICHMOND HTS Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>7440 OAKLAND AVE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) _____ c. (Last) <u>GAB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1952</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>MAR-1-1885</u>			
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN BURKHARDT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SHANK</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE GAB</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>See Page 7440 Oakland Ave</u>		ADDRESS _____			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion and insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4x01</u>				20. AUTOPSY? YES <input checked="" 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)					
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 <u>2-10-1952</u> to <u>2-18-1952</u> , that I last saw the deceased alive on <u>2-18-1952</u> , and that death occurred at <u>9:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Salvatore R. Peggio M.D.</u>				23b. ADDRESS <u>6013 Brentwood Clayton 5, Mo</u>		23c. DATE SIGNED <u>2/18/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY</u>			
DATE REC'D BY LOCAL REG. <u>2-19-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Dorege</u> ADDRESS <u>6536 Clayton Rd</u>					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Wm Bentley

Signed.....
Student Embalmer

Licensed Embalmer No. *3653*

P. O. Address *27 Lewis 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.