

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11365

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			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 townshp) OR TOWN <u>Koch (rural)</u>		c. LENGTH OF STAY (If in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2259</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>112 South 4th</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Gest</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-52</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>1-21-92</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	--	---------------------------------	--	---	--	------------------------	----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Muncie, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	-----------------------------------	--	--	--	--	--

13a. FATHER'S NAME <u>Elmer Gest</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Henshaw</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Thorpe, divorced</u>	
--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>	16. SOCIAL SECURITY NO. <u>307-05-7539</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hospital Records, Robt. Koch Hosp.</u>			
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			*INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs(?)</u>
--	--	---	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-11-52, 1952, to 1-11-, 1952, that I last saw the deceased alive on 1-11-52, 1952, and that death occurred at 3:40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ellis J. Lipson M.D.</u>		23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>1-12-52</u>
--	--	--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
---	--------------------------------	---	--	--

DATE REC'D BY LOCAL REG. <u>1-28-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>G. Hoffmeister U. & L. Co. 7814 So. Broadway, St. Louis, Mo.</u>	
---	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

4000

10-10-50
48

MAR 22 1952

Sc

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 *7814 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.