

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 1564

No. 300  
10-48  
FILED JUL 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. .... 1564

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 township) OR TOWN <u>Koch (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>450 day</u>		2759	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Laclede Hotel, 518 Chestnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>-</u> c. (Last) <u>Gebert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1952</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>10-13-92</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Fire Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
13a. FATHER'S NAME <u>Fred J. Gebert</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Geiger</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta Prohaska (div.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-30-7665</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Robt. Koch Hosp.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerotic Heart Disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>old myocardial infarct</u>			

19a. DATE OF OPERATION <u>6/5/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pulmonary Tbc</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) <u>002x</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 3-20-51, 1951, to 6-12-52, 1952, that I last saw the deceased alive on 6-12-52, 1952, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Martin Bergmann M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>6-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>H. St. Marcus Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-13-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Witt Bros &amp; Co. 2929 S. Jefferson Av.</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

**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.