

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40480**  
 Registrar's No. **11381**

FILED DEC 10 1953

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 <b>Missouri</b> b. COUNTY <b>2247</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3753 Marine Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>24 3753 Marine Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John Joseph</b> b. (Middle) <b>Er</b> c. (Last) <b>John Gebelein</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 1, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 31, 1898</b>
9. AGE (In years last birthday) <b>54</b>	f. UNDER 1 YEAR <b>11</b>	g. UNDER 1 YEAR <b>1</b>	h. UNDER 1 HRS. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pressman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo, 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Lawrence Gebelein</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Stroh</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Gebelein</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>W.W.I</b>		16. SOCIAL SECURITY NO. <b>492-07-9523</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Gebelein</b>		ADDRESS <b>3753 Marine Ave.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes mellitus</b> INTERVAL BETWEEN ONSET AND DEATH <b>1950</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19. DATE 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) <b>260 X</b>		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 <b>2-10, 1950</b> , to <b>12-1, 1953</b> , that I last saw the deceased alive on <b>11-27, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John Jones MD</b>		23b. ADDRESS <b>3616 S. Bldg., St. Louis</b>	
23c. DATE SIGNED <b>12-1-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12/6/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Gebken Sons 2630 Gravois Ave.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 1 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

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

copy by all

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.....  
Signature of Student Embalmer

Signed *Robert F. Geppie*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

40480  
40489/3

State of Missouri }  
County of St. Louis } ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11381

On this 22 day of December, 1953, before me appears \_\_\_\_\_

Mrs. Mary Gebelein, who, upon her oath, states that the original record of ~~birth~~ <sup>death</sup>  
for Joseph John Gebelein died Dec. 1, 1953, in the State of

~~Missouri~~ <sup>Missouri</sup>, and which was filed at St. Louis, Mo. on Dec. 1, 1953, should be corrected as follows:

Item No. 3 should read Joseph John Gebelein

Instead of \_\_\_\_\_  
John J. Gebelein

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Gebelein Inf.

Relationship.  
3753 Marine, St. Louis, Missouri

Present Address.

Subscribed and sworn to before me this 22 day of December, 1953

My Commission expires 3-4-57 Ellen P. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

