

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**6208**

State File No. ....

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1851**

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

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. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pronounced dead City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2323 South 11th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>		b. (Middle)		c. (Last) <b>Gehring</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26, 1954</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>Jan. 8, 1899</b>		9. AGE (In years last birthday) <b>55</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Transfer Work</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Gehring</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Schoemaker</b>	
14. NAME OF HUSBAND OR WIFE <b>Myrtle Gehring</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>94-07-3793</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Gehring</b>		ADDRESS <b>St. Louis, Mo.</b>			
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) <b>Massive pulmonary hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of lung right</b> 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 <b>24 hrs.</b>		18-24 Mos.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? <b>163X</b>	
22. I hereby certify that I attended the deceased from <b>9-19-1953</b> to <b>Feb 26, 1954</b> ; that I last saw the deceased alive on <b>Feb 25, 1954</b> , and that death occurred at <b>9:50A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Thomas H. Buford M.D.</b>		23b. ADDRESS <b>600 South Kingshighway</b>		23c. DATE SIGNED <b>Feb 26 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/26/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East St. Louis, Ill.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. St. Louis, Ill.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 26 1954</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. St. Louis, Ill.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Not Embalmed*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Kossly*

Licensed Embalmer No. *6855 Ill.*

P. O. Address *Coax St. Louis Ill*

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.