

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13450

State File No. 4085  
Registrar's No.

FILED MAY 12 1954

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 Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri		c. LENGTH OF STAY (in this place) 2 1/2 weeks		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		e. STREET ADDRESS (If rural, give location) 1909 Obear Avenue		2099 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) H c. (Last) Gehle			4. DATE OF DEATH (Month) (Day) (Year) May 4 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 22, 1889		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John H. Gehle		13b. MOTHER'S MAIDEN NAME Henrietta Wittbrodt		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) 1st World War	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise Bredenkamp, 2114 E. Fair Ave		
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) <i>Paronychia accluyosa</i> <i>paronychia of stomach</i> <i>adrenal cortex</i> <i>curdled liver</i> 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION <i>none (not applicable)</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>151X</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>none</i>			
22. I hereby certify that I attended the deceased from <i>4/17-5/4</i> , to <i>May 4, 1954</i> , that I last saw the deceased alive on <i>5/4-5/19</i> , and that death occurred at <i>3</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>M. Hermann M.D.</i>		(Degree or title)	23b. ADDRESS <i>2539 r. Grand</i>		23c. DATE SIGNED <i>5/5-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 7, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>MAY 6 1954</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave</i>		

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....

P. O. Address.....

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.