

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25787

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1717</u>			
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 <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs</u>		c. CITY OR TOWN <u>Creve Coeur</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olive Street Road</u>				e. STREET ADDRESS (If rural, give location) <u>Olive Street Road</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hubert</u>			b. (Middle) _____		c. (Last) <u>Gaeser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 21, 1863</u>		9. AGE (In years last birthday) <u>91</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gardening</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fondulac, Wisc.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mathilda Dcd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Gaeser Creve Coeur, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>several years.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Emphysema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>several years.</u>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____							
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 <u>Dec. 31, 1951</u> , to <u>7/15, 1954</u> , that I last saw the deceased alive on <u>June 26, 1954</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert S. Dwyer M.D.</u>				23b. ADDRESS <u>Creve Coeur, Mo.</u>				23c. DATE SIGNED <u>7/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/16/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>				ADDRESS <u>2504 - WOODSON RD. OVERLAND, MO.</u>	

WRITE PLAINLY—USING UNFADEING 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..... Oscar F. Mueller

Licensed Embalmer No..... 303

P. O. Address Overland

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.