

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1955

38251
State File No. 38251
Registrar's No. 9840

BIRTH NO. _____ 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glencoe 4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital		d. STREET ADDRESS (If rural, give location) Maple Lane	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Glenn	c. (Last) Gaeble	4. DATE OF DEATH (Month) (Day) (Year) 11-11-1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-30-1953	9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME George Glenn Gaeble	13b. MOTHER'S MAIDEN NAME Arlene Kroenung	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Father ADDRESS above

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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Fungus Infection DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital heart disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 053:4	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 Sept. 19, 1955, to Nov. 11, 1955 that I last saw the deceased alive on Nov. 9, 1955, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE T. S. Schradler M.D.	23b. ADDRESS 16 Hamilton Village Place (9)	23c. DATE SIGNED 11/11/55
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 11-12-1955	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
	24d. LOCATION (City, town, or county) Pond Mo.	(State)

DATE REC'D BY LOCAL REG. NOV 12 1955	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home Ballwin, Mo.	ADDRESS
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acm (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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard Boop

Licensed Embalmer No. 4584

P. O. Address Baltimore, Md.

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.