

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

26154
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6210

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u> <u>Mo</u> <u>2629</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS <u>6408 Lavernell Court</u>	
3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>John</u> Last <u>Gubser</u>		4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 24, 1895</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Engineer</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	9c. AGE (In years last birthday) <u>62</u>	9d. IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	10c. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John L. Gubser</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Brinkman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW #1</u>		16. SOCIAL SECURITY NO. <u>455</u>	
17. INFORMANT <u>Lydia Gubser</u>		Address <u>6408 Lavernell Court</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Peritonitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ch. Sigmoid</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>153x</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	20g. COUNTY	20h. STATE
21. I attended the deceased from <u>Jan. 1955</u> to <u>July 1957</u> and last saw <u>her</u> alive on <u>July 2 1957</u> Death occurred at <u>4:20 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. K. Kinsler</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>40755 Grand</u>	22c. DATE SIGNED <u>7/3/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>Hoffmeister Colonial Mortuary</u> <u>6404 Chippewa St. Louis, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 3 57</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> <u>mrs</u>

Dr. Edward Kienale

4075 South Grand

P1 2 7370

6200 LORAN FL 37595

No. hrs. Wed or Thursday
will be home about 2pm Wed. today
Call before going

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 *Brian C. Danner*

Licensed Embalmer No. *477*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.