

No. 300
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FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33532**
Pg. **8721**
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **2 Mo's 8 da**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Missouri Baptist Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **Berdell Hills** (City and State or Foreign Country)
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **27 5312 Winslow Dr.**

3. NAME OF DECEASED
(Type or Print) a. (First) **HENRY** b. (Middle) **RICHARD** c. (Last) **GELLNER**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 16, 1957**

5. SEX **Male** **6. COLOR OR RACE** **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **April 11, 1911**

9. AGE (In years last birthday) **46** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). **Machinist**

10b. KIND OF BUSINESS OR INDUSTRY **U.S. Ordinance Plant**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry J. Gellner**

13b. MOTHER'S MAIDEN NAME **Annie Zwick**

14. NAME OF HUSBAND OR WIFE **Betty Duncan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **no**

16. SOCIAL SECURITY NO. **493-03-6919**

17. INFORMANT'S SIGNATURE OR NAME **Mrs Betty Gellner** **ADDRESS** **5312 Winslow Dr.**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **alveolar cell carcinoma of lungs (bilateral)**
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. **163x**

INTERVAL BETWEEN ONSET AND DEATH **5 mo.**

19a. DATE OF OPERATION **7/23/57**

19b. MAJOR FINDINGS OF OPERATION **Biopsy of lung - Carcinoma.**

20. AUTOPSY? YES NO

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) _____ m.

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/14, 1957, to 9/16, 1957**, that I last saw the deceased alive on **9/15, 1957**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Hugo F. Bergman M.D.**

23b. ADDRESS **3220 Washington**

23c. DATE SIGNED **9/17/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **9/19/57**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **SEP 17 57**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **McCullen Kelly** **ADDRESS** **7267 Natural Bridge**

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

James A. Lammers

Licensed Embalmer No. 414

P. O. Address *St. Louis*

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.