

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007949

State File No. ....

1959 FEB 24 1959

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 483

1. PLACE OF DEATH a. COUNTY <b>ST. Louis Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>VALLEY PARK</b>		c. CITY OR TOWN <b>VALLEY PARK</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place <b>5 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>800 FOREST AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOLL Nursing Home Inc.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>MCGREW</b> c. (Last) <b>GEBERT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Nov. 12, 1884</b>	9. AGE (In years last birthday) <b>74</b> If UNDER 1 YEAR Months Days If UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor of MEDICINE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.D.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles E. Wakeham</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie Cruikshank</b>		14. NAME OF HUSBAND OR WIFE <b>August W. Gebert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>GRACE DARLINGTON</b> ADDRESS <b>VALLEY PARK MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL Hemorrhage</b>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CEREBRAL arteriosclerosis</b>			
		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) (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 **Feb. 4, 1959**, to **Feb 18, 1959**, that I last saw the deceased alive on **Feb 18, 1959**, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William B. Hedley</b> (Degree or title) <b>M.D. C.</b>		23b. ADDRESS <b>306 St. Louis Ave. Valley Park</b>		23c. DATE SIGNED <b>Feb 18 1959</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-21-59</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SCHRADER FUNERAL HOME</b> ADDRESS <b>BALLWIN MO.</b>			
DATE REC'D BY LOCAL REG. <b>2-19-59</b>		REGISTRAR'S SIGNATURE <b>John P. Murphy, M.D.</b>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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..... *Richard M. Bopp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin,*

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.