

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

9816 -61-038593
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

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

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b <u>60 YRS.</u>	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DE-PAUL-HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1319-BENTON-ST.</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN - HARRY - GEBHART</u>			4. DATE OF DEATH Month Day Year <u>OCT. 23RD 1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-24-1879</u>	9. AGE (last birthday) <u>82 YRS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRUIT & PRODUCE</u>	11. BIRTHPLACE (City and state or country) <u>ST. ROSE - ILL.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>LAWRENCE - GEBHART</u>	13b. MOTHER'S MAIDEN NAME <u>- UNKNOWN -</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE - A. GEBHART (DECD.)</u>
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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 <u>LAWRENCE - A. GEBHART - 1319 - BENTON - ST.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u> <u>??</u>
IMMEDIATE CAUSE (a)	<u>Myocardial infarction</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>420.0</u>	
DUE TO (b) <u>Aterio-sclerotic heart disease</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>None</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from May 12, 1957 to Oct. 23, 1961 and last saw ^{her}him alive on Aug. 22, 1961
Death occurred at _____ 7:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print or title) <u>Bernard H. Howe MD</u>	22b. ADDRESS <u>2435 N. Grand Blvd</u>	22c. DATE SIGNED <u>Oct. 23, 1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 25 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY - CEMETERY</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS MO.</u>
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24. FUNERAL DIRECTOR <u>Brockland Und. Co.</u>	ADDRESS <u>1827 - HOGAN - ST.</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 24 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.D.</u>
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BY AFFIDAVIT OF

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 *J. W. Embler*

Licensed Embalmer No. *3653*

P. O. Address *St Paul 8th*

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.