

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044924

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 259

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 4 1963

VS 300 Rev. 4/59	DATE AMENDED
1 0817	
2 2199	
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4 1	
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7 0	
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9 331X	
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12 86-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY --	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		c. CITY OR TOWN St. Louis	
Length of stay in 1b 3 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If outside, give location) 4319 Rickey Drive	
3. NAME OF DECEASED (Type or print) First CLARA Middle L. Last GAAB		4. DATE OF DEATH Month December Day 1 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/25/79
9. AGE (last birthday) 84		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas Silence	
13b. MOTHER'S MAIDEN NAME Mary Ross		14. NAME OF HUSBAND OR WIFE John Gaab (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Eyla Rapp		Address 4319 Rickey Dr. St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serivicty-			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year _____	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	
21. I attended the deceased from 10-7-63 to 12-1-63 and last saw her him alive on 11-29-63 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. E. Feind M.D.		22b. ADDRESS Rolla Mo	
22c. DATE SIGNED 12-2-63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 3, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Mo.			
24. FUNERAL DIRECTOR By Paul E. Null		25. DATE RECD. BY LOCAL REG. Dec. 2, 1963	
Address Null & Son Funeral Home Rolla		26. REGISTRAR'S SIGNATURE Nadene L. Stoll	

DEC 8 1968

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

Paul E. Null

Licensed Embalmer No.

4498

P. O. Address

Rolla, Mo.

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.