

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38438

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo (No. Alexian Brothers Hospital) St. 10823 Ward.....

**2. FULL NAME**

John Pauly Gebhart  
 (a) Residence. No. 3110 Magnolia Ave St. 17 Ward.....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Gebhart</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 9<sup>th</sup> 1888</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>1</u>	DAYS <u>25</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Forman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Emerson Elec Mfg. Co</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

PARENTS	10. NAME OF FATHER <u>Julius Gebhart</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Pauline Pauly</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>

14. INFORMANT Hector J. Gebhart  
 (Address) 4504<sup>th</sup> Furling

15. FILED 1929 Nov 10 1929  
M. C. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3<sup>rd</sup> 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1929 to Nov. 3 1929  
 that I last saw him alive on Nov. 3 1929 and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
101  
 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) L. Pharyngitis  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 101  
 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed) Wm. L. DeBor M. D.  
11/4 1929 (Address) 3600 S. 8th St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Cemetery C. DATE OF BURIAL Nov. 6<sup>th</sup> 1929

20. UNDERTAKER  
J. Hebban L & W. Co ADDRESS 2628 Gravois

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

37

1

Dr. J. H. H. H.