

MAY 28 1930

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

Do not use this space.

13858

1. PLACE OF DEATH

County St Louis Registration District No. 488  
Township \_\_\_\_\_ Primary Registration District No. 1471  
City Webster Groves (No. 143 Trevellian)

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Christina Gebelin  
(a) Residence, No. 143 Trevellian St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. - mos. - ds. How long in U.S., if of foreign birth? 48 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas F Gebelin</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 3 - 1859</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>2</u>
		DAYS
		<u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. at home  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

10. NAME OF FATHER Henry Simon  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT W Gebelin  
(Address) 405 S. Nixon, Neb. 58

15. FILED 476 1930 Arthur J. Ventur  
REGISTRAR  
per Elsie Benson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23 - 1930  
17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to 4-23, 1930 that I last saw her alive on 4-23, 1930 and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Sacral bone  
5 1/2 (duration) 1 yrs. - mos. - ds.  
CONTRIBUTORY Arteriosclerosis  
(SECONDARY) (duration) \_\_\_\_\_ yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Ralph C. Huston, M. D.  
, 19 (Address) Webster Groves, Mo

\*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 Missouri Crematory DATE OF BURIAL Apr 26 1930  
20. UNDERTAKER Parker and Co ADDRESS Webster Groves

WRITE PLAINLY 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.

