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

Do not use this space.

File No. 24483

Registered No. 6634

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

**2. FULL NAME** Eugene Gebert

(a) Residence. No. 2027 (Usual place of abode) Miami St., 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Gebert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20, 1900

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 30 | 2 | 19 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

14. INFORMANT W. R. Summers (Address) 5300 Arsenal

15. FILED JUL 10 1930, 19..... Clay C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 25th, 1929 to July 8th, 1930 that I last saw him alive on July 8th, 1930, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of the Insane

X3

34 (duration) 1 yrs. 4 mos. 12 ds.

CONTRIBUTORY (SECONDARY) Syphilis

..... (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. R. Summers M. D.

7/8, 1930 (Address) 5300 Arsenal

*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 S.S. Peter & Paul — DATE OF BURIAL 7-11 1930

20. UNDERTAKER Wm. Schumacher — ADDRESS 3013 Miami

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD