

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.

JUN 5 1936

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

Do not use this space.

21049

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis MO (No. Sanitarium St. Ward)

File No.
Registered No. **5255**

2. FULL NAME

Godfrey Gebhardt
(a) Residence, No. 3029 S. Jefferson St., 24 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1868</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>10</u>	DAY <u>13</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Painter</u>	
	10. Date deceased last worked at this occupation (month and year) <u>about 1926</u>	
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935, to May 15 1936
I last saw him alive on May 15 1936 Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:
Adenoma of Thyroid Date of onset 1935+
bb
Other contributory causes of importance:
Arteriosclerosis 1935+
Pulmonary edema 1936+

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. E. Miller, M. D.
(Address) 5300 Arsenal

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

13. NAME Godfrey Gebhardt

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown Kentucky

15. MAIDEN NAME Christina Schneider

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown Missouri

17. INFORMANT A. E. Miller MD.
(ADDRESS) 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Ave. P. 16 DATE May 18 1936

19. UNDERTAKER Will Bros L & Co.
(ADDRESS) 2929 S. Jefferson Ave.

20. MAY 17 1936
J. H. Bredeck
Registrar

