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

Do not use this space.

JUN 12 1937

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 18248

Township ..... Primary Registration District No. ..... Registered No. 4824

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Elisabeth Gebken

(a) Residence, No. 2804 California Ave. 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oscar C. Gebken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1 1897

7. AGE: 262 YEARS: 39 MONTHS: 8 DAYS: 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Ferdinand Planthold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Christiana Eich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Oscar C. Gebken 2804 California Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SS Peter and Paul Cem DATE: Tue Apr 13, 37

19. UNDERTAKER (ADDRESS): J H Gebken L and U Co 2842 Meramec St.

20. FILED: MAY 11 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to April 9, 1937
I last saw her alive on April 9, 1937. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1932

Other contributory causes of importance:

Acute Rheumatic Fever	March 25 1937

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

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Helam G. Youngman, M. D.
(Address) Apple 5439 Gravois

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.

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