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.

NOV 16 1938

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

791

34425
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 1003

(b) Township 2, Primary Registration District No. Registered No. 9411

(c) City St. Louis Mo. (d) Street No. 4429 Holly Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Frederick Gebhart

(a) Residence, No. St. VR Decatur Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice T. Joynt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany. 14. 1859

7. AGE: Years 79 | Months 9 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabethtown Penn.

FATHER

13. NAME Jacob Gebhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster County, Penn.

MOTHER

15. MAIDEN NAME Elizabeth Fletcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Sybil Gebhart Kirkman
(ADDRESS) 4429 Holly Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Decatur Ill. DATE Oct. 30th, 38

19. FUNERAL DIRECTOR (NAME) Wagoner Und. Co.
(ADDRESS) 3621 Olive St.

20. FILED OCT 30 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from February, 1937, to October, 1938
I last saw him alive on October 29, 1938 Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Gangrene of left leg	10-21-38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....

(Signed) W. H. Feller, M. D.
(Address) 3611 St Louis Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. H. [illegible] - JE.6417
3611 St. [illegible]
6 30 to 8 00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ✓, or by ✓

Registered Apprentice No....., working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.