

REC'D JUN 12 1939

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

17325
Do not use this space
4859

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City of **St. Louis**..... (d) Street No. **Lutheran Hospital**..... 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **John Gebhardt**

(a) Residence, No. **6618 Pennsylvania ave.** St. **1** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Elisabeth**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 18, 1848**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as saw mill, bank, etc. **retired**
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) **Oakville, Missouri**

FATHER 13. NAME **John Gebhardt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Co. Mo.**

MOTHER 15. MAIDEN NAME **Anna M. Hans**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Co. Mo.**

17. INFORMANT **John Gebhardt**
(ADDRESS) **6618 Pennsylvania ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Cem.** DATE **May 30**, 19**39**

19. FUNERAL DIRECTOR (NAME) **C. Hoffmeister U.A.L.Co.**
(ADDRESS) **7814 S. Broadway**

20. FILED **MAY 29 1939** *J.P. [Signature]* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28**, 19**39**

22. I HEREBY CERTIFY That I attended deceased from **2/19** to **May 28**, 19**39**
I last saw him alive on **5-27**, 19**39**. Death is said to have occurred on the date stated above, at **12.01 A.M.**
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset **5-24-39**
Other contributory causes of importance: **Senile Debility (90% of age)**
apoplexy **5-21-39**

Name of operation _____ Date of _____
What test confirmed diagnosis **Symptoms** 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 of injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) *[Signature]* M. D.
(Address) **6637 Mich St. St. Louis Mo**

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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1120 Highland Dr 2312
6632 Broadway - 121016

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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

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