

Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 6394

6394

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Park Lane Memorial Hosp. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Howard Gubser 126

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1921 years

7. Birth date of deceased April 22 1921
(Month) (Day) (Year)

8. AGE: Years 18 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None At home

11. Industry or business _____

12. Name John Gubser

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose Weckermeyer

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rose Gubser

(b) Address 2901 Sidney Str.

17. (a) Funeral (b) Date thereof 7-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebken Und.

(b) Address 2630 Gravois

19. (a) Jul 20 1939 (b) J. Gubser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County _____
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 2901 Sidney St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 1939
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 12 1939 to July 19-39 1939;
 that I last saw him alive on July 19-39 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Peritonitis
acute

Due to _____

Due to _____
 Other conditions acute apoplexy
(include pregnancy and month of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

CO While at work? _____ (Specify type of place)

(a) Manner of injury _____

23. Signature Paul J. Smith (M. D. or other) _____

Address 4930 Date signed _____

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.

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.....

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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.