

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 581

## 1. PLACE OF DEATH:

(a) County 1003  
 (b) City or town St. Louis Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Days.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rose Magdalena Gebauer

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Alfred Gebauer 6. (c) Age of husband or wife if alive 29 years  
 7. Birth date of deceased Jan 1st 1914  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 17  
 hr. min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business Housewife12. Name Frank Winigeron13. Birthplace Hungary  
(City, town, or county) (State or foreign country)14. Maiden name Gertrude Necker15. Birthplace Hungary  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Alfred Gebauer(b) Address 3126 Michigan Ave.17. (a) Burial (b) Date thereof Jan 22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St Marcus18. (a) Signature of funeral director Thos. Curtis(b) Address 2906 Gravois AVE.19. (a) JAN 21 1940 (b) J. B. Brudick  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3126 Michigan Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18  
 year 1940 hour 9 30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 15 1940, to Jan 18 1940  
 that I last saw h. or alive on Jan 18 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Multiple lobes lungs  
 Duration 5 days

Due to 10/10  
 Due to \_\_\_\_\_

Other conditions Pregnancy 5 1/2 months  
 (Include pregnancy within 7 months of death)

Major findings: Woul  
 Of operations \_\_\_\_\_

Of autopsy Bronchial Pneumonia with akinesis and dilation heart  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. Sayersburg (M. D. or other) \_\_\_\_\_  
 Address 2705 S. Lafayette Date signed Jan 21 1940

**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.....

*Thodutis*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....  
*Thodutis*

Licensed Embalmer No. *1619*

P. O. Address. *2906 Garvie's*

**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.**