No. 2
-4-41
17-39
X25390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36187

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 2126

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 112 E. Felton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 12 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. 112 E Felton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Elisa Marie Gebhardt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adam
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 5 (Day) 1865 (Year)
8. AGE: Years 76 Months 4 Days 12 If less than one day ____ hr. ____ min.
9. Birthplace Oakvile (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business ____
MOTHER FATHER
12. Name Henry Mund
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Annie Pabst
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Julia Warmbrodt
(b) Address 112 E. FELTON AVE. Lemay, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director C. Hoffmeister Not & Co
(b) Address 7814 S. Broadway
19. (a) OCT 20 1941 (Date received by local registrar) (b) C. H. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1941 hour 8.15 a minute a.m. M.
21. I hereby certify that I attended the deceased from Sept. 22, 1941, to Oct. 17, 1941; that I last saw her alive on Oct. 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Carcinoma of breast with generalized metastases.
Due to ____
Other conditions none (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration

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

23. Signature Hugh R. Smith M.D. (M. D. or other) MD
Address 6071 N. Grand Blvd. Date signed 10/18/41

10 (Licensed Embalmer's Statement on Reverse Side)

Univ Club 1300
1-3
Jeff 4716

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. Broad

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

If this body is not embalmed, fact should be so stated above.