S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26659

FILED AUG 23 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7405

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Faith Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Marion
(c) City or town Centralia (If outside city or town limits, write "RURAL") 0
(d) Street No. Rural Route #2 (If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Inez Belle Gebert
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl W. Gebert
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August (Month) 28 (Day) 1893 (Year)
8. AGE: Years 49 Months 11 Days 16 If less than one day hr. min.
9. Birthplace Beardstown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Unknown O'neal
FATHER 13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER 14. Maiden name Unknown Stark
MOTHER 15. Birthplace Whitehall (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mr. C. W. Gebert
(b) Address Centralia, Illisois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/14 Day 43 year hour minute 12:30 P. M.
21. I hereby certify that I attended the deceased from 8/11/43, 19..., to 8/14/43, 19...; that I last saw her alive on 8/14/43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	1 day
Due to: 1) Thrombophlebitis 2) Epithelioma of nose	
Due to	
Other conditions (Include pregnancy within 3 months of death) 53	

Major findings:
Of operations
Of autopsy Above - Confirmed

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) No
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. Signorelli (M. D. or other) M.D.
Address 2801 N. Taylor Date signed 8/14/43

AUG 17 1943 944 (Licensed Embalmer's Statement on Reverse Side)

7405

7405

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..... J. Allen Davis Jr

Licensed Embalmer No..... 4053

P. O. Address..... City

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, fact should be so stated above.