

FILED FEB 4 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

967

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: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 26 days
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME..... Martin Gebner

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..... years

7. Birth date of deceased..... February 7 1971
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation..... Nil.

11. Industry or business..... Nil.

MOTHER { 12. Name..... Rudolph

13. Birthplace..... Germany
(City, town, or county) (State or foreign country)

14. Maiden name..... Minnie

15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Ruby Nation

(b) Address..... 1515 Lafayette Avenue

17. (a) Autopsy (b) Date thereof..... 1/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address..... JAN 31 1944
2500 Rutledge St

19. (a) (Date received local registrar) (b) J. F. Buddick
(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..... 1515 Lafayette Avenue
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 2
year..... 1944 hour..... 11:30 minute..... P M.

21. I hereby certify that I attended the deceased from..... December 9 1943, to..... January 2 1944
that I last saw him alive on..... January 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Arteriosclerotic Heart Dis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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..... L. Krueger (M. D. or other)

Address..... 1515 Lafayette Ave. Date signed..... 1/5/44

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

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.....
.....
Licensed Embalmer No.....
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, fact should be so stated above.