

3391

State File No. _____

FILED FEB 13 1945
 Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2815

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to County Hospital, Clayton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 (Specify whether years, months or days)

In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 113 Kayser st.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Caroline 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 Married

6. (b) Name of husband or wife Phillip P. Gebhardt 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: June 8 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 5
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business John Beck John Beck

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Burg
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip P. Gebhardt
 (b) Address 113 Kayser st. Lemay, Mo.

17. (a) Burial (b) Date thereof Jan 17, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls, Oakville, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. O.
 (b) Address 7814 S. Broadway

19. (a) JAN 16 1945 (b) E. S. McLawrence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
 year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-13-1945 to Jan 13, 1945
 that I last saw her alive on Jan 13, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia 1-day
(Specify type of place)

Due to (2) Diabetes -
(3) Senility
 Other conditions 61
(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 _____

Signature D. S. Pruet (M. D. or other) _____
 Address 6006 Virginia Date signed 1-15-45

Duration
1-day

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Mayfield

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.