

6 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3062

Registrar's No. 2319

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Brookwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
GOULD WORTH HOME FOR CONValescence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years
years, months or days)

8. (a) PRINT FULL NAME ELIZABETH GEHNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Henry W Gehner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 27 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name William Schlottman
13. Birthplace Germany U
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Gehner, Son
(b) Address 5051 Thrush Avenue

17. (a) Burial (b) Date thereof Oct 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St Louis Avenue

19. (a) 10-3-45 (b) E. M. Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis Jennings 0
(If outside city or town limits, write "RURAL") 6
(d) Street No. 2039 McLaren Ave (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3 year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3/15/45 1945 to 10-3 1945
that I last saw her alive on 10-2-45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation / Day
Chr. Myocarditis / Signs
Due to 430

Other conditions Acute Dementia / Signs
(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 R. A. Heslie (M. D. or other) MD
Address Littewood, Mo Date signed 10/3/45

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 Delix J. Krispin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.