

S. No. 2
DM-5-43
V. 5-17-39
P. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38628**
Registrar's No. **9682**

FILED NOV 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Entrance to City Hosp # 1
(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)

3. (a) PRINT FULL NAME Dr. Albert A. Gebhardt

3. (b) If veteran, name war Worlds War 1

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Libbie Stratton

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 3rd 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 7 9 hr. min.

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

10. Usual occupation M. D.

11. Industry or business

MOTHER FATHER { 12. Name Victor Gebhardt

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

14. Maiden name Kathrine Overberg

15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Libbie Gebhardt

(b) Address 3438 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-46
(Month) (Day) (Year)

(c) Place: burial or cremation National Cem. J. B.

18. (a) Signature of funeral director Wingbermuehle Funeral Home

(b) Address 3819 S. Grand Blvd.

19. (a) NOV 13 1946 (Date received local registrar) (b) J. F. Brader (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3438 Chippewa (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13 year 1946 hour 6 P.M. minute..... M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....;

that I last saw him..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death General Poisoning Duration.....
Self Administered at his home on Nov 12-1946
Cause unknown
Supply from temporary
pharmacy

163F

Other conditions (Include pregnancy within 3 months of death)

163F

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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 Nov. 12 1946

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on (specify) industrial place, in public place?
Home

(Specify type of place) (e) Means of injury Carbon

23. Signature J. F. Brader (M. D. or other) 3

Date signed 11/14/46

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.....

Ernest W. Spillars

Licensed Embalmer No.....

4080

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.