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FILED JAN 13 1947 **318**

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Registrar's No. **11301**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: Deaconess
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether In this community 2 days years, months or days)

3. (a) PRINT FULL NAME Benjamin Harrison Gaebe

8. (b) If veteran, name war ---- **3. (c) Social Security** No. ----

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

6. (b) Name of husband or wife Louise Gaebe **6. (c) Age of husband or wife if alive** 40 years

7. Birth date of deceased January 11, 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 19 If less than one day hr. _____ min.

9. Birthplace Washington Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Milling

11. Industry or business Milling Business (S. E.)

MOTHER FATHER

12. Name John H. Gaebe

18. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Knoche

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

16. (a) Informant Louise Gaebe

(b) Address Addieville, Ill.

17. (a) Burial (b) Date thereof Jan 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Addieville, Ill.

18. (a) Signature of funeral director C. Russell Hileman

(b) Address Nashville, Ill.

19. (a) DEC 31 1946 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington

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

(d) Street No. -----
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1946 hour 8 minute

21. I hereby certify that I attended the deceased from Nov 29th 1946 to Nov 30th 1946 that I last saw him alive on Nov 29th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pastoral Circumsp

Due to old home history

Due to thrombosis about

Other conditions no other

(Include pregnancy within 3 months of death)

Major findings: JAH

Of operations -----

Of autopsy -----

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 J. F. Bradeck (Date) Dec 31 1946 or other _____

Address Mo. State Health Dept signed _____

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 203 W. Walnut

Nashville, Ill.

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.