S. No. 2
A—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18856 5242

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4088 Alma Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4088 Alma Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bernard H. Gelhausen
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna Gelhausen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 9 (Day) 1863 (Year)

8. AGE: Years 83 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) New York (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name John Gelhausen
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Phlman
15. Birthplace Calhoun Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frank Gelhausen
(b) Address 4088 Alma Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1946, 19..., to May 26, 1947 that I last saw him alive on May 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	24 hrs
Chr. Intestinal Nephritis	2 Wks
Due to: Hypertension - Cardio -	5 yrs
Due to: Vascular - disease	
Other conditions: Kidney Changes (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other) MD
Address 4502 Maryland Ave. St Louis Mo Date signed 5/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) J. H. Pranger

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.