

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7446

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 7 mo. 4 day  
(Specify whether)

In this community fix  
years, months or days

3. (a) PRINT FULL NAME Julia Gaab

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 Louis Gaab

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: 7 (Month) 19 (Day) 19 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>		<u>29</u>	hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name Frank Wendler

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

14. Maiden name Elizabeth Rys

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

16. (a) Informant Jaino Gaab

(b) Address 529 Wellington

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Aug 8/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Pendle Ind. Co.

(b) Address 7420 Michigan Ave

19. (a) AUG 7 1947 (b) J. B. Biebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 529 Wellington 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4  
year 1947 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 27  
1946, to Aug 5, 1947

that I last saw h e alive on Aug 14, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung

Due to Carcinoma of left breast 15 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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) \_\_\_\_\_ (Means of injury)

23. Signature Mary Standoff (M. D. or other) MD

Address 512 Duane Pl Date signed 8/6/47

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**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.....

*Elmer R. Caldwell*

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.**