No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32520

Registrar's No. 8805

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: 4933a Arsenal St. 1
(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 Mo. (b) County 100

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

(d) Street No. 4933a Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 13

If yes, name country

3. (a) PRINT FULL NAME Simon Gambeck

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Rosa Gambeck

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 28 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired Restaurant Prop.

11. Industry or business

FATHER
12. Name Unk Gambeck
13. Birthplace Germany (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Frances Geisler
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Rosa Gambeck
(b) Address 4933a Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Witt Bro. L & R Co.
(b) Address 2929 S. Jefferson Av.

19. (a) SEP 19 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from April, 1947 to 9-17, 1947 that I last saw him alive on 9-17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary infarct.	
Due to arteriosclerosis	
Due to multiple cerebral Hemorrages	
Other conditions (Include pregnancy within 3 months of death) Multiple Cerebral Hemorrhages	

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 0

23. Signature W. G. Wright (M. D. or other)

Address 8201 N. Broadway Date signed 9-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Davis, Registered Apprentice No. ..... working under my personal supervision.

Signed Edw. F. Witt

Licensed Embalmer No. 2117

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.