No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 24 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 7294

Registrar's No. 476

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00 0

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

(d) Street No. 4140a Grove St. 4
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME AGNES J. GEBAUER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Virgil Gebauer

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January (Month) 30, (Day) 1916 (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	0	17	hr. min.

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

10. Usual occupation Housewife

11. Industry or business none

FATHER
12. Name Patrick E. Christi
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Catherine Harney
15. Birthplace New Jersey (City, town, or county) (State or foreign country) 1

16. (a) Informant Virgil Gebauer
(b) Address 4140a Grove St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 2117 East Grand Blvd.

19. (a) 2-19-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from NOV. 17, 1947, to FEB. 17, 1948
that I last saw her alive on FEB 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death carcinomatosis 490

Due to

Due to Carcinoma of Rt Ovary Squamous cell + Pseudomucinous cystadeno-carcinoma.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Nov 18th 47 - ca of Rt ovary
Of autopsy Carcinomatosis - Spinal cord liver - lungs - aneurism etc.

Duration

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 Albert J. Motzel (M. D. or other)
Address 2739 NO Grand Bl Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

Dr Matsch
2739 N. Grand
Fr. 3960 –

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.