

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10072

State File No.

#92922

318

1003

2520

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

24

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Madison</i>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (in this place) <i>9</i>		d. STREET ADDRESS (If rural, give location) <i>3524 So Broadway</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
AUGUST			March 18th, 1949		
5. SEX <i>M</i>			6. COLOR OR RACE <i>W</i>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>			8. DATE OF BIRTH <i>Oct 12 1886</i>		
9. AGE (In years last birthday) <i>62</i>			IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Missouri, U. S. A.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		

13a. FATHER'S NAME <i>Lawrence Gebelin</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Stroh</i>		14. NAME OF HUSBAND OR WIFE <i>Annie</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Annie Klein</i> ADDRESS <i>St. Louis, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of prostate with metastases</i>		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/25/49, 1949, to 3/18/49, 1949, that I last saw the deceased alive on 3/18/49, 1949, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (In person or title) <i>John W. Koehler, M.D.</i>		23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>3/18/49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 21, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus</i>	
				24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	

DATE REC'D BY LOCAL REG. <i>MAR 21 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Guy Muller</i> ADDRESS <i>5041 Delmar St. Louis</i>	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Ronald Yahnke.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3917.....

P. O. Address St Louis Mo.....

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.