

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21040
Registrar's No. 5069

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 21040		Registrar's No. 5069					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		17		19					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2132 VICTOR				d. STREET ADDRESS (If rural, give location) 23-2132 VICTOR									
3. NAME OF DECEASED (Type or Print)			a. (First) BESSIE			b. (Middle) -			c. (Last) GACKENBACH				
4. DATE OF DEATH			Month JUNE			Day 9			Year 1949				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Sept 19, 1890		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 3 Days 20		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER			10b. KIND OF BUSINESS OR INDUSTRY AMER. PRETZEL CO			11. BIRTHPLACE (State or foreign country) Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME JAMES CAMPBELL			13b. MOTHER'S MAIDEN NAME SARAH REED			14. NAME OF HUSBAND-OR-WIFE CHARLES GACKENBACH							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME JOHN GACKENBACH							
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch Myocarditis & fibrillation						INTERVAL BETWEEN ONSET AND DEATH				
			ANTECEDENT CAUSES Morbid 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 type="checkbox"/> NO <input checked="" 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) 4222 (STATE) MO								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4222								
22. I hereby certify that I attended the deceased from 7:10 PM to 7:10 PM , 19 49 , that I last saw the deceased alive on 7:10 PM , 19 49 , and that death occurred at 7:10 PM , from the causes and on the date stated above.													
23a. SIGNATURE Ralph Berg				(Degree or title) MD				23b. ADDRESS 3203 S. Grand		23c. DATE SIGNED 6/9/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 11 1949		24c. NAME OF CEMETERY OR CREMATORY NEW PICKER, CEM.			24d. LOCATION (City, town, or county) (State) ST. LOUIS MO						
DATE REC'D BY LOCAL REG. JUN 10 1949		REGISTRAR'S SIGNATURE J B Lavater				25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti							
						ADDRESS 2906 Garvie							

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

M. J.

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.

Student
Student Embalmer

Signed.....

Harner C. Hill

Licensed Embalmer No.

4347

P. O. Address.....

2906 Dr...

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.