

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25574**

BIRTH NO. _____		REG. DIST. NO. 1917		PRIMARY REG. DIST. NO. 3065		Registrar's No. 1725	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE COLORADO b. COUNTY ?			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENDALE		c. LENGTH OF STAY (in this place) 3 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GRAND JUNCTION			
d. FULL NAME OF HOSPITAL OR INSTITUTION #4 PARKLAND AVE				d. STREET ADDRESS (If rural, give location) 134 CHIPETA AVE			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) _____ c. (Last) GABRIEL			4. DATE OF DEATH (Month) (Day) (Year) 7 20 1949				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 7-14-1870	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St Louis, Mo	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN KAPF		13b. MOTHER'S MAIDEN NAME MARGARET WELZ	
14. NAME OF HUSBAND OR WIFE EDWARD GABRIEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Elna M Boehm #4 Parkland Glendale	
17. ADDRESS Glendale		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Acute Gall Bladder Colic DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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) (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 July 20, 1949 , to July 20, 1949 , that I last saw the deceased alive on July 20, 1949 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Louis C. Hyatt, M.D.				23b. ADDRESS 124 E. Adams		23c. DATE SIGNED 7-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-23-49		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. 7-22-49		REGISTRAR'S SIGNATURE Richard R. Lomke		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS WEBSTER GROVES, MO. (MITTELBERG)			

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

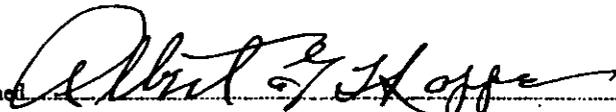
STATEMENT BY LICENSED EMBALMER

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 _____



Signed _____
Student Embalmer

Licensed Embalmer No. 3971

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.