

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1951

318

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State File No. 28184
Registrar's No. 7319

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7800 Virginia Ave.		f. STREET ADDRESS (If rural, give location) 7800 Virginia Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mathilda b. (Middle) c. (Last) Dohack			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 31, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Fred Gebhardt	13b. MOTHER'S MAIDEN NAME Mary Gossar	14. NAME OF HUSBAND OR WIFE Albert Dohack
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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. no	17. INFORMANT'S SIGNATURE OR NAME Al Dohack	ADDRESS 7800 Virginia Ave.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Biliary cirrhosis of liver		
	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"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5810

22. I hereby certify that I attended the deceased from **Aug 19 1951**, to **Aug 18, 1951**, that I set saw the deceased alive on **Aug 14, 1951**, and that death occurred at **920P.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. GNADE (Degree or title) M.D.	23b. ADDRESS 3606 Grandis	23c. DATE SIGNED 8-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-17-51	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Mausoleum	24d. LOCATION (City, town, or county) (State) Lemay, Mo.
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DATE REC'D BY LOCAL REG. AUG 16 1951	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Southern Funeral Home 6322 S. Grand Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. S. H. MAIZUS
3606 GRAVOIS
1 To 3 P.M.

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

David Van Fossan

Licensed Embalmer No. 4282

P. O. Address. 6322 So 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.