

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42940**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11367**

1. PLACE OF DEATH a. COUNTY J				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JEFFERSON						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) 5 hr 10 min		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS		d. STREET ADDRESS (If rural, give location) RR # 2				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital				d. STREET ADDRESS (If rural, give location) 1						
3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Jean c. (Last) GABRIEL			4. DATE OF DEATH (Month) (Day) (Year) 12-21-51							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 11-19-50				
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1 Days 1		IF UNDER 1 MIN. Hours 1 Min. 1						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? AMERICA			
13a. FATHER'S NAME GENE L. GABRIEL			13b. MOTHER'S MAIDEN NAME BERNIE C. COPELAND			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME Pat MORGENTHAU				ADDRESS 5005 KINGS HWY		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis & cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H21X						
22. I hereby certify that I attended the deceased from 12-20 , 19 51 , to 12-21 , 19 51 , that I last saw the deceased alive on 12-21 , 19 51 , and that death occurred at 5:40 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE Ron L. Thurston M.D.				23b. ADDRESS 500 So. Kingshighway Blvd		23c. DATE SIGNED 12-21-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-21-51		24c. NAME OF CEMETERY OR CREMATORY DeSoto, Missouri		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. DEC 22 1951		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washington Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. Penelias

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.