

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11229

State File No.

FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3065 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENDALE</u> <u>4651</u>	
c. LENGTH OF STAY (In this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>143-TREVILLIAN AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>143-TREVILLIAN AVE.</u>		e. STREET ADDRESS <u>143-TREVILLIAN AVE</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM CHRISTIAN GEBELEIN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>FEB-15-1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APR 12-25-1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNION-ELECTRIC BALTIMORE</u>	11. BIRTHPLACE (State or foreign country) <u>1</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES F. GEBELEIN</u>	13b. MOTHER'S MAIDEN NAME <u>CHRISTINE SIMON</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>YES 1ST WORLD WAR</u>	16. SOCIAL SECURITY NO. <u>493-05-2012</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES M. GEBELEIN</u>	ADDRESS <u>WEBSTER GROVES</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of the right kidney</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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 <u>8-5-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the right kidney</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 8-2-, 1950, to 2-15-, 1952, that I last saw the deceased alive on 2-15-, 1952, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. [Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>19 E. Lockwood, Webster Groves 19, Mo.</u>	23c. DATE SIGNED <u>2-16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>FEB-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-18-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. D. Parker - Aldrich</u>	ADDRESS <u>WEBSTER GROVES</u>
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SW (Licensed Embalmer's Statement on Reverse Side)

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

1001

No. 300
10.48

*Carlin
420205*

MAR 18 1955

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 *Levie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Walter Gross*

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.