

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7571

FILED FEB 26 1953

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1003

State File No. ....

1449

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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>St. Louis, Mo.</u>			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Lemay 4840</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of Poor</u>				d. STREET ADDRESS (If rural, give location) <u>Kerth Rd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph Gion Sr.</u>			a. (First) _____	b. (Middle) _____	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jul. 16, 1866</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. Laborer Anheuser Busch</u>		9b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13a. FATHER'S NAME <u>Unk</u>			13b. MOTHER'S MAIDEN NAME <u>unk</u>			14. NAME OF HUSBAND OR WIFE <u>Barbara Gion</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>488-18-6417A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elsie Kreisch Kerth Rd. Lemay, Mo.</u>		
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) <u>Arterio. Cardio</u> ANTECEDENT CAUSES <u>Nephro. Sclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2</u>	
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. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21g. DATE SIGNED <u>Feb 5 1953</u>			
22. I hereby certify that I attended the deceased from <u>Nov 11, 1952</u> to <u>Feb 5, 1953</u> , that I last saw the deceased alive on <u>Feb 5, 1953</u> and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS <u>607 No Grand St</u>		23c. DATE SIGNED <u>Feb 5</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter and Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 6 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand St. St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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M. L. Reed

E. P.  
DR. Buddy  
University Club Bldg  
about 3 p.m.

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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  \_\_\_\_\_

Licensed Embalmer No. 4924

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.