

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11580

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2885**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>1 Week</b>		4577	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>656 Amelia Ave.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Rev. Herman</b>	b. (Middle) <b>Robt.</b>	c. (Last) <b>Gebhardt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 12, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 29, 1893</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sec'y. Field Western Board of Nat'l. Missions</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pectone, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>August Gebhardt</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Weinrich</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Kurtz Gebhardt</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence K. Gebhardt</b>	ADDRESS <b>656 Amelia Av</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days 3 days years?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis (arterial) Right Hemiplegia (capsular) Arteriosclerosis</b>		
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)
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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? <b>332X</b>
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22. I hereby certify that I attended the deceased from **2-6, 1953**, to **3-12, 1953**, that I last saw the deceased alive on **3-12, 1953**, and that death occurred at **12:00 M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Victor Reese M.D.</b>	23b. ADDRESS <b>120 E Lockwood Webster Groves</b>	23c. DATE SIGNED <b>3/12/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal via rail</b>	24b. DATE <b>3-16-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pectone Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pectone, Illinois</b>
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DATE REC'D BY LOCAL <b>MAR 16 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. Stalberg Funeral Home, Inc</b>	ADDRESS <b>72 W. Lockwood Ave. Webster Groves</b>
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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.

Student .....  
Student Embalmer

Signed *John S. Dennehy*.....

Licensed Embalmer No. *4194*.....

P. O. Address *St. Louis, M*.....

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.