No. 300
10.48

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

FILED OCT 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33236

State File No. 7877

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 30 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Meramec 74 4740 1
d. STREET ADDRESS (If rural, give location): Highway 50

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) C. c. (Last) Gaehle

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1953

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Nov. 14, 1877 **9. AGE** (In years last birthday) 75 If under 1 year: Months 8 Days 26 If under 1 day: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: own business
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Gaehle
13b. MOTHER'S MAIDEN NAME: Mary Bernard
14. NAME OF HUSBAND OR WIFE: Agnes Gaehle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-32-2032
17. INFORMANT'S SIGNATURE OR NAME: Agnes Gaehle **ADDRESS**: Rt. 1, Glencoe, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia, lobar, rt. lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis generalized,

DUE TO (c) Senile Hemiplegia, 9 yrs.

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 ☐ NO ☒

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): 490X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1953, *to* Aug 10, 1953, *that I last saw the deceased alive on* Aug 10, 1953, *and that death occurred at* 6 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE James E. Meyer MD **(Degree or title)**
23b. ADDRESS Ballwin, Mo
23c. DATE SIGNED Aug 12 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/13/53
24c. NAME OF CEMETERY OR CREMATORY: Glencoe Cath. Cem.
24d. LOCATION (City, town, or county) (State): Glencoe, Mo.

DATE REC'D BY LOCAL REG. AUG 12 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Schrader Funeral Home, Ballwin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.