

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33253

State File No. \_\_\_\_\_

9078

FILED OCT 15 1953

|  |  |  |  |   |   |   |   |                                     |
|--|--|--|--|---|---|---|---|-------------------------------------|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. _____   |   |                                     |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____ |   |   |   |                                     |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place)<br><b>2 weeks</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |   |   |   |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Lukes Hosp</b>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>3319 Arjenal</b>  |   |   |   |                                     |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>KATHRYNE</b>   |  | b. (Middle) <b>J</b>   |  | c. (Last) <b>GEBHARDT</b>   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>9-18-1953</b>                        |   |                                     |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, OR SEPARATED<br><b>Never married</b>  |   | 8. DATE OF BIRTH<br><b>2-26-1886</b>  |   |                                     |
| 9. AGE (In years last birthday)<br><b>67</b>   |  | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>25</b>  |  | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>  |   |   |   |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during usual working hours, if retired)<br><b>Book keeper</b>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Real Estate</b>              |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis Mo</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>        |                                     |
| 13a. FATHER'S NAME<br><b>Victor Gebhardt</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Kathryne Oberberg</b>                |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |  | 16. SOCIAL SECURITY NUMBER<br><b>488-01-7591</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrstid P Mandevill</b>  |   |   |   | ADDRESS<br><b>4526 A Morgenford</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 min.</b> |                                     |
| 19a. DATE OF OPERATION<br><b>9/16/53</b>   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>CA, bladder</b>   |  |   |   | 20. AUTOPSY?<br>YES <input checked="" 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) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><b>181X</b>   |   |   |   |                                     |
| 22. I hereby certify that I attended the deceased from <b>9/19/1953</b> , to <b>9/18</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/18</b> , 19 <b>53</b> , and that death occurred at <b>10:30</b> m., from the causes and on the date stated above. |  |  |  |   |   |   |   |                                     |
| 23a. SIGNATURE<br><b>G B Rader</b>   |  |  | 23b. ADDRESS<br><b>M.D. St Lukes Hosp. St Louis</b>                  |   | 23c. DATE SIGNED<br><b>9/19/53</b>  |   |   |                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>9-21-1953</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>SS Peter &amp; Paul Cem</b> |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo</b>      |   |   |                                     |
| DATE REC'D BY LOCAL REG.<br><b>SEP 21 1953</b>   |  | REGISTRAR'S SIGNATURE<br><b>Charles Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>WINGBERMUEHLE</b>  |   |   | ADDRESS<br><b>3819 S Grand Blvd</b>               |                                     |

(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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*George J. Schibornmehl*

Licensed Embalmer No. 4611

P. O. Address St. Louis 1891

**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.