

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34708

State File No. 62

No. 300  
10.48

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ste. Genevieve</u>			c. LENGTH OF STAY (in this place) <u>5 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Ste. Genevieve</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. # 1. Ste. Genevieve</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 1. Ste. Genevieve</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>STANLEY</u>		b. (Middle) <u>RAYMOND</u>		c. (Last) <u>GEGG</u>		
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>24</u>		(Year) <u>1953</u>		
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>July 26, 1948</u>		9. AGE (In years last birthday) <u>5</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Gegg</u>			13b. MOTHER'S MAIDEN NAME <u>Nabel Roth</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Gegg</u> ADDRESS <u>R.R. # 1. Ste. Genevieve, 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>Septicemia, (possibly Meningococci.)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>13 hours.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>0571</u>				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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Sept. 23, 1953</u> , to <u>Sept. 24, 1953</u> , that I last saw the deceased alive on <u>Sept. 23, 1953</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Plb. Lanning M.D.</u>				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>9/24/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 24, 1953</u>		REGISTRAR'S SIGNATURE <u>Walter Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George L. Santa</u> ADDRESS <u>Ste. Genevieve, MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

950  
1

**STATEMENT BY LICENSED EMBALMER**

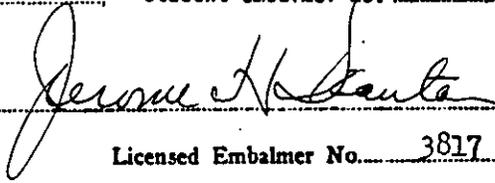
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.