

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10695**

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **785**

1. PLACE OF DEATH a. COUNTY: St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo. b. COUNTY: St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ladue		c. CITY OR TOWN: Ladue 4431	
c. LENGTH OF STAY (In this place): 4 Yrs		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 52 Clermont Lane		e. STREET ADDRESS (If rural, give location): 52 Clermont Lane	

3. NAME OF DECEASED (Type or Print)	a. (First): WALTER	b. (Middle): EMIL	c. (Last): GEBELEIN	4. DATE OF DEATH (Month) (Day) (Year): 3-31-1954
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5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 5-18-1883	9. AGE (In years last birthday): 70	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Organizer		10b. KIND OF BUSINESS OR INDUSTRY: A.F. of L.		11. BIRTHPLACE (City and State or Foreign Country): Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles F Gebelein	13b. MOTHER'S MAIDEN NAME: Christine Simon	14. NAME OF HUSBAND OR WIFE: Josephine Gebelein
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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): No	16. SOCIAL SECURITY NO.: 488-05-0416	17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. E. Gebelein	ADDRESS: 52 Clermont Lane
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis several years DUE TO (c) Hypertension		
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: 331X-	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) (m.): _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 15, 1954** to **Mar 31, 1954**, that I last saw the deceased alive on **Mar 29, 1954**, and that death occurred at **9:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE: <i>[Signature]</i>	(Degree or title): MD	23b. ADDRESS: 2500 W Pine St St Louis 8	23c. DATE SIGNED: 4-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	24b. DATE: 4-3-1954	24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory	24d. LOCATION (City, town, or county) (State): St. Louis MO.
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DATE REC'D BY LOCAL REG.: 4-1-54	REGISTRAR'S SIGNATURE: <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE: <i>[Signature]</i>	ADDRESS: Home Webster Groves
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address Webster, Pa.

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.