

FILED NOV 22 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8517

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8517	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Lemay 485		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Alexian Brothers Hospital				e. STREET ADDRESS (If rural, give location) Rt. 9 Box 629 Baumgartner Road			
3. NAME OF DECEASED (Type or Print)		a. (First) Emil		b. (Middle) C.		c. (Last) Gebhardt	
4. DATE OF DEATH		September 16, 1954					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 20, 1875		9. AGE (in years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Gebhardt		13b. MOTHER'S MAIDEN NAME Elizabeth Becker		14. NAME OF HUSBAND OR WIFE Eleanor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin H. Gebhardt 4464 Ellenwood ave.			
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) Cerebral Aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cardiac, vascular renal disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 hrs renal flu	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X			
22. I hereby certify that I attended the deceased from 9. 14 19 54 , to 9/16 19 54 , that I last saw the deceased alive on 9/16 19 54 , and that death occurred at 4.20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edwin H. Gebhardt M.D.		(Degree or title)		23b. ADDRESS 752 LeMay Ferry Rd		23c. DATE SIGNED 9/17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE Sept. 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Mausoleum		24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road Lemay, Mo.	
DATE REC'D BY LOCAL REG. SEP 17 1954		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Hoffmeister U. & L. Co. 7814 S. Broadway			

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 *Harry J. Schumacher*.....
Licensed Embalmer No. *26*

P. O. Address *7874 S. 1st*

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.