

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20633

State File No.

FILED JUL 7 - 1955

BIRTH NO. 47284-55 REG. DIST. NO. 327 PRIMARY REG. DIST. NO. 547 Registrar's No. 1441

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RICHMOND HEIGHTS township</u>)		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 Days</u>		e. STREET ADDRESS (If rural, give location) <u>1606 A OHIO 2237</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>TERRY</u> b. (Middle) <u>Lynn</u> c. (Last) <u>GEHLERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JUNE 23, 1955</u>	
9. AGE (In years last birthday) <u>7</u>		10. MONTHS <u>7</u> DAYS <u>7</u> HOURS <u>7</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE - INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HERMAN G. GEHLERT JR.</u>		13b. MOTHER'S MAIDEN NAME <u>ALMA BESS</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HERMAN GEHLERT</u> ADDRESS <u>1606 A OHIO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>15 days</u> does not mean the cause of dying, such as pneumonia, asthma, etc. means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature separation of normally implanted placenta</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>—</u>			
		DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hyaline membranes of lung</u>			

19a. DATE OF OPERATION <u>6/23/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		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)		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 6/23, 1955, to 6/23, 1955, that I last saw the deceased alive on 4:00 6/23, 1955, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Donka</u> (Degree or title)		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>6/24/55</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION EV. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNION, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>6/24/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donka</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO.</u> ADDRESS <u>3710 N. GRAND</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Wm. W. W. W.

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 Not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey D. Proust
Licensed Embalmer No. Survival Service

P. O. Address 3710 N. Gu
St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.