

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27704

318

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|--|-------------------------------|--|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 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 township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | 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"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2855a Mc Nair Ave.</u> | | | | f. STREET ADDRESS (If rural, give location) <u>2855a Mc Nair Ave. 224/0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Minnie</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) <u>Gebhart</u> | | 4. DATE OF DEATH <u>August 4, 1955</u> (Month) (Day) (Year) | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 23, 1883</u> | | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Days <u>4</u> | IF UNDER 24 HRS. Hours <u>11</u> Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Danville, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Owen Tucker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Mary Baldwin</u> | | 14. NAME OF HUSBAND OR WIFE <u>John H. Gebhart</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara May Gebhart 2855a Mc Nair Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> and DUE TO (c) <u>Hypertension</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 WK.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) <u>331 X</u> | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>1953</u> , 19 <u>53</u> , to <u>8/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/3</u> , 19 <u>55</u> , and that death occurred at <u>4:45A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE (Degree or title) <u>John B. Summers, M.D.</u> | | | | 23b. ADDRESS <u>2264 So. Compton</u> | | 23c. DATE SIGNED <u>8/4/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>8/6/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Burial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>AUG 4 1955</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Gebken Sons 2630 Gravois Ave.</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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..... *Robert F. Geba*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois A

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.