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

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42065

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11080

1. PLACE OF DEATH
a. COUNTY: Missouri Pacific Hosp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 5463 Dresden Av.

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Patrick
c. (Last): Gabbert

4. DATE OF DEATH (Month) (Day) (Year): Dec 18 - 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 1, 1873
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 14 year
10b. KIND OF BUSINESS OR INDUSTRY: Penrs. Switchman
11. BIRTHPLACE (City and State or Foreign Country): Bedford, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sam Gabbert
13b. MOTHER'S MAIDEN NAME: Margaret Fullen
14. NAME OF HUSBAND OR WIFE: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Margaret Gabbert--5463 Dresden

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis, generalized 5 yrs

19a. DATE OF OPERATION: 12/14/55
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Rectum 154x
20. AUTOPSY? YES [ ] NO [X]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 3, 1955, *to* Dec 18, 1955, *that I last saw the deceased alive on* Dec 18, 1955, *and that death occurred at* 3 30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: John T Vandiver (Degree or title) MD
23b. ADDRESS: 1504 So Grand
23c. DATE SIGNED: 12/[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/21/55
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cem.
24d. LOCATION (City, town, or county) (State): Evansville, Indiana

DATE REC'D BY LOCAL REG.: DEC 19 1955
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wacker-Heldenle 3634 Gravois
E.P. (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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank J. [illegible]

Licensed Embalmer No. 26

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.