

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22402**

No. 30
10.48

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1552**

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) Concord Village	c. LENGTH OF STAY (in this place) 31 yrs.	c. CITY OR TOWN Concord Village Affton	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 Box 265 Rt. 14 Lavina Drive		e. STREET ADDRESS (If rural, give location) Lavina Drive Rt. 14	

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Bertha c. (Last) Gebhardt			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 8, 1880	9. AGE (In years last birthday) 76	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -At-home-	11. BIRTHPLACE (City and State or Foreign Country) South Affton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Wohlschlaeger	13b. MOTHER'S MAIDEN NAME HANRIETTA Greelius	14. NAME OF HUSBAND OR WIFE Jacob J.
---	--	--

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. 487-24-5189	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadva Rodermund	ADDRESS Rt. 14, Lavina Dr.
---	---	--	--------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	ANTECEDENT CAUSES DUE TO (b) arteriosclerotic heart disease		1 day
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		2 yrs.
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT (Specify) d. SUICIDE HOMICIDE	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) (Min.)	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 **April**, 19**54**, to **June 22, 1956**, that I last saw the deceased alive on **6-22, 1956**, and that death occurred at **1 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Tichauer M.D.	23b. ADDRESS P.O. Box 6 Supperston 23 Mo 6-22-56	23c. DATE SIGNED
--	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) 10180 Grayois Road
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. 6-25-56	REGISTRAR'S SIGNATURE Robert P. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS U. & J. 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 *Lewis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. B...

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.