

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1956

State File No. 32690

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2164</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shrewsbury</u>		c. LENGTH OF STAY (In this place) <u>20 Yrs.</u>		c. CITY OR TOWN <u>Shrewsbury</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7825 Murdoch Ave.</u>				STREET ADDRESS (If rural, give location) <u>7825 Murdoch Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES MARTIN GEBELEIN</u>			4. DATE OF DEATH <u>9-12-56</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 11, 1888</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Butler Bros.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Baltimore Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Charles F Gebelein</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Simon</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Gebelein</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>93-03-8460</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Elsie Gebelein 7825 Murdoch 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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>							
ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma Pancreas</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>3-15-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Pancreas</u>				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) _____			
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>Mar. 5</u> , 19 <u>56</u> , to <u>Sept. 12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug. 31</u> , 19 <u>56</u> , and that death occurred at <u>unk</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles C. Grace Jr MD</u>				23b. ADDRESS <u>19 E. Lockwood Ave., Webster Groves 19, Mo.</u>		23c. DATE SIGNED <u>9-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>9-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-14-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Nornbecker</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herbert R. Nornbecker, Webster Groves Mo.</u>			

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 *Wiville B. F. Twilletter*

Licensed Embalmer No. *3696*

P. O. Address *1541 Locke*

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.