

Health,  
, & Welfare  
S. Public  
th Service

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39865  
STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 640

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Clair, Mo.</u>		c. CITY OR TOWN <u>St. Clair, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At. Home</u>		d. STREET ADDRESS <u>none</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Eugene</u> Last <u>Gephardt</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 10, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Franklin County</u>
13a. FATHER'S NAME <u>George Gephardt</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Duemler</u>	14. NAME OF HUSBAND OR WIFE <u>Winnie Gephardt</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>188-07-8060</u>	17. INFORMANT Address <u>Engene P. Gephardt, St. Clair, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u>			<u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. . p.m. .		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sudden death</u> to <u>Sudden death</u> and last saw him alive on <u>Nov-7-1957</u> Death occurred at <u>Nov. 21 - 7:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. W. E. Mitchell, M.D.</u> (Degree or title)		22b. ADDRESS <u>St. Clair Mo</u>	
22c. DATE SIGNED <u>11-24-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 23, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion Cem.</u>
23d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri</u>			
24. FUNERAL DIRECTOR <u>Herward Mitchell</u> ADDRESS <u>St. Clair Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11/27/57</u>	26. REGISTRAR'S SIGNATURE <u>H. Lloyd Williams</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Sherwood W. Kitchell* .....

Licensed Embalmer No. *3873* .....

P. O. Address *St. Clair, 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.