

THE DIVISION OF HEALTH OF MISSOURI  
DIVISION CERTIFICATE OF DEATH

58-024144  
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1518

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lemay</b> <b>4870a</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9447 Gentry ave.</b>		Length of stay in lb YRS.	d. STREET ADDRESS <b>9447 Gentry ave.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Alvina</b> Middle <b>C.</b> Last <b>Gebhardt</b>			4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 25, 1900</b>	9. AGE (In years last birthday) <b>58</b>	F UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>Oakville, St. Louis Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Conrad Rode</b>	13b. MOTHER'S MAIDEN NAME <b>Schierhöff</b>	14. NAME OF HUSBAND OR WIFE <b>Walter P. Gebhardt</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Walter P. Gebhardt</b> Address <b>9447 Gentry ave., Lemay, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>4201H</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of Breast Radical Mastectomy 1935</b>		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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <b>5-26-58</b> to <b>6-5-58</b> and last saw her alive on <b>6-5-58</b> <b>12.15 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>John C. Gebhardt D.D.</b>	22b. ADDRESS <b>9612 S. Broadway</b>	22c. DATE SIGNED <b>June 5-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 9, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>1215 Lemay Ferry Rd. Lemay 23, Mo.</b>
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24. FUNERAL DIRECTOR <b>C. Hoffmeister Mortuaries</b> 7814 S. Broadway.	25. DATE RECD. BY LOCAL REG. <b>6-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Linus C. Hoffmeister* .....

Licensed Embalmer No. *387* .....  
P. O. Address *7814 S. Broad* .....

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.