

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031324  
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2205

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Valley Park</b>		c. CITY (If outside, give location) OR TOWN <b>Valley Park</b> 4761 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>800 Forest</b>		d. STREET ADDRESS (If outside, give location) <b>800 Forest</b>	
Length of stay in lb <b>15 Yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>August</b> Middle <b>Wm.</b> Last <b>Gebert</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>22</b> Year <b>1958</b>		
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5. SEX <b>Male</b> 0	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>July 25 1890</b>	9. AGE (In years last birthday) <b>67</b>	10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Union Electric</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b> 0	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Theodore Gebert</b>	13b. MOTHER'S MAIDEN NAME <b>Helen -----</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Gebert</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>493-05-1897</b>	17. INFORMANT <b>Dr. Clara Gebert</b> Address <b>Valley Park Mo</b> <b>800 Forest</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>Acute Coronary infarction (</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Previous Posterior Infarction</b>	
	DUE TO (c) <b>Arteriosclerotic Cardio-Vascular Disease</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2/

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 Month, Day, Year a.m. p.m.
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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 <b>Valley Park, Mo.</b>	COUNTY <b>Mo.</b>	STATE
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21. I attended the deceased from <b>1943</b> to <b>Aug 20, 1958</b> and last saw her/him alive on <b>Aug 20, 1958</b> Death occurred at <b>6:30 AM</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 title) <b>A. W. Cunningham D.O.</b>	22b. ADDRESS <b>Valley Park, Mo.</b>	22c. DATE SIGNED <b>Aug 22 58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	23b. DATE <b>8-25-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR <b>Schrader Funeral Home</b> ADDRESS <b>Ballwin Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-23-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Dombke M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Richard Bopp* .....

Licensed Embalmer No. *4584*  
P. O. Address *Baltimore, Md.*

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.