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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1958

58-034238
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8881

1. PLACE OF DEATH
a. COUNTY St. Lukes Hosp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes Hospital — Length of stay in 1b 4 days
32

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Overland 4200 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 8626 Hume (If outside, give location) — Reside on Farm Yes [X] No [ ]
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3. NAME OF DECEASED (Type or print) First Catherine Middle Last Gebert

4. DATE OF DEATH Month Sept. Day 14, Year 1958

5. SEX Fem. 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Sept. 27, 1906
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months 11 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wm. L. Chott
13b. MOTHER'S MAIDEN NAME Anna Peckron
14. NAME OF HUSBAND OR WIFE Harry Gebert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-20-8809
17. INFORMANT Mrs. Geo. Tihen — Address 8556 Kathlyn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Reticulum Cell Sarcoma Primary Site Undetermined — INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 200.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-1956, to 9-14-58 and last saw her/him alive on 9-14-58
Death occurred at 2:15P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Miles C. Whitener (Degree or title) MD 0
22b. ADDRESS St. Lukes Hospital
22c. DATE SIGNED SEP 15 58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Sept 17, 58
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR Al C. Ortmann — ADDRESS 9222 Lackland
25. DATE RECD. BY LOCAL REG. SEP 15 '58
26. REGISTRAR'S SIGNATURE J Earl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address .....

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.