

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034239

STATE FILE NUMBER

9005

FILED OCT 3 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

Health,
Welfare
Public
Service

300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Good Samaritan Home</u>				Length of stay in 1b <u>229</u>		d. STREET ADDRESS (If outside, give location) <u>4500 Washington Blvd</u>	
3. NAME OF DECEASED (Type or print) <u>Mathilda</u> ^{First} <u>Conradine</u> ^{Middle} <u>Gebhardt</u> ^{Last}		4. DATE OF DEATH <u>Sept. 17 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>June 26 1877</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Warren Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Adolph Gebhardt</u>				14. MOTHER'S MAIDEN NAME <u>Conradine Reinhart</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT <u>Hattie Gebhardt</u> ^{Address} <u>4500 Washington</u>			
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parkinson Disease</u> <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>350x</u>							INTERVAL BETWEEN ONSET AND DEATH
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 _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <u>10/7/50</u> to <u>9/17/58</u> and last saw her alive on <u>9/16/58</u> . Death occurred at <u>5 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated:--							
22a. SIGNATURE <u>Hugo F. Bergman M.D.</u>				22b. ADDRESS <u>3720 Washington</u>		22c. DATE SIGNED <u>9/18/58</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Remove</u>		23b. DATE <u>9-19-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Wilt Bro. & Hdg. 2924 S. Jefferson</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 18 1958</u>		26. REGISTRAR'S SIGNATURE <u>Carol Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

H. F. Boring Mason
3720 Wash.

880 1 100 1111

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 *Howard C. Witt*

Licensed Embalmer No. 435

P. O. Address 2929 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.