

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037786

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9880

S. 300
-1-57

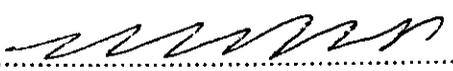
All diseases in Part I must be causally related.

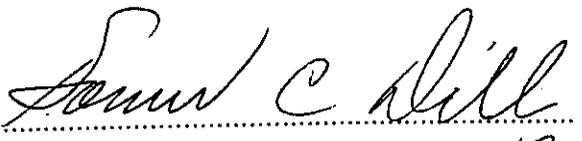
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mississippi River</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>225 205 N. 9th ST.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GERHARD GEBEL</i>		4. DATE OF DEATH Month Day Year <i>OCT. 11 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 24 1910</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AMERICAN CARCO</i>	11. BIRTHPLACE (City and state or country) <i>HUNGARY</i>
13a. FATHER'S NAME <i>ANDREW GEBEL</i>		13b. MOTHER'S MAIDEN NAME <i>MAGDALENA</i>	14. NAME OF HUSBAND OR WIFE <i>IVA GEBEL</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>IVA GEBEL 205 N. 9th ST.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation by drowning</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			
DUE TO (c) <i>E929.8 42</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal process <i>Body found in Mississippi River at the foot of Taylor Cause and, manner of cause could not be determined</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACHILLES SUICIDE HOMICIDE <input checked="" type="checkbox"/> Verdict	20b. MANNER OF INJURY OCCURRED (Specify nature and type of injury, PART I or PART II, if applicable.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Queen St. Louis Mo.</i>		20e. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>545</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Patrik F. Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>10. 15. 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>OCT. 16 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO. Mo.</i>
24. FUNERAL DIRECTOR <i>Thomas Kutas, 2906 Harris</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>OCT 15 58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

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 

Licensed Embalmer No. 4347

P. O. Address 2906 Grand

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.