

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045687
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12591

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY 9120	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Belleville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 32 313 W. Washington St.	

3. NAME OF DECEASED (Type or print) First Middle Last SYLVESTER A. GAUBATZ			4. DATE OF DEATH Month Day Year Dec. 23, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7, 1910	9. AGE (In years last birthday) 48	10. UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machanic	10b. KIND OF BUSINESS OR INDUSTRY Socony Oil Co.	11. BIRTHPLACE (City and state or country) Washington Co., Ill.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Fred Baubatz	13b. MOTHER'S MAIDEN NAME Elizabeth Obst	14. NAME OF HUSBAND OR WIFE Ruth Zerban
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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) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Ruth Gaubatz, Belleville, Ill.
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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) <i>2nd and 3rd degree burns of approximately 95% of the body</i>		19. INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>E 917.3</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c). <i>suffered under duress was sprayed with hot oil from a gasolene pump in East St. Louis Illinois about 8:15 a.m., December 23, 1958.</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Final nature of injury in PART II of item 18.) <i>Accident while working at gasolene pump in East St. Louis Illinois about 8:15 a.m., December 23, 1958.</i>
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20c. TIME OF INJURY Hour Month, Day, Year <i>8:15 a.m. 12 23 1958</i>	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.) <i>32 Factory</i>	20f. CITY, TOWN, OR LOCATION <i>East St. Louis Ill</i>
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21. I attended the deceased from Death occurred at <i>11:15 a.m.</i> and last saw her alive on <i>11/15/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Patrick E Taylor M.D.</i>	22b. ADDRESS <i>300 Clark</i>	22c. DATE SIGNED <i>12/29/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-24-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Walnut Hill Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Belleville, Ill.</i>
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24. FUNERAL DIRECTOR <i>Gaerdner, Belleville, Ill.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 29 '58</i>	26. REGISTRAR'S SIGNATURE <i>Calvin Smith MD</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Do not enter, etc., unless causally related to the death. No symptoms will be listed.

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 *Clarence M. Billo*

Licensed Embalmer No. *4375*
P. O. Address *S. Lewis, Mo.*

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.