

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016294
State File No.

XC 415 833
REG# A-190
FILED APR 20 1959

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 987

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 14 DAYS	c. CITY OR TOWN BELLEVILLE 8120 8
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 614 SOUTH CHARLES STREET			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) A. c. (Last) GEBER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 10, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 12-21-86
9. AGE (In years) (Month) (Day) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPUTY SHERIFF	
11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LEWIS GEBER		13b. MOTHER'S MAIDEN NAME MARY SCHNEIDER	14. NAME OF HUSBAND OR WIFE DIVORCED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 356099170	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, 25, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification: Bronchogenic Carcinoma w/Metastases	
		INTERVAL BETWEEN ONSET AND DEATH Undet	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1621	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 3-27-59 , 19___, to 4-10-59 , XXXXXX , and that death occurred at 4:40 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, MD		23b. ADDRESS VA Hosp Jeff Brks, Mo.	23c. DATE SIGNED 4-11-59
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 4-11-59	24c. NAME OF CEMETERY OR CREMATORY Green Mount Catholic	24d. LOCATION (City, town, or county) (State) Belleville, Ill.
DATE REC'D BY LOCAL REG. 4-11-59	REGISTRAR'S SIGNATURE John C. Murphy M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George M Renner Belleville, Ill.	

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 Not embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed George M. Remus
Licensed Embalmer No. 5051

P. O. Address Belleville, Ill.

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.