

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-022567

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5274 STATE FILE NUMBER

FILED JUN 16 1961

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 Mo</u>		Length of stay in 1b	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>Mo. PACIFIC HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2202 INDIANA</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN EDWARD GACKENBACH</u>			4. DATE OF DEATH Month Day Year <u>JUNE 5 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 9, 1911</u>	9. AGE (last birthday) <u>50</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>SECTION FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TERMINAL R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES GACKENBACH</u>		13b. MOTHER'S MAIDEN NAME <u>BESSIE CAMPBELL</u>		14. NAME OF HUSBAND OR WIFE <u>ANNABELLE GACKENBACH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT Address <u>2202 INDIANA</u> <u>ANNABELLE GACKENBACH</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION, ACUTE INTERVAL BETWEEN ONSET AND DEATH 1 HOUR

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC CORONARY DISEASE. 2 yrs

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year
a.m. p.m.

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 _____ and last saw her/him alive on _____
Death occurred at 1:45 p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title)
per R. C. Dreiman, M.D.
STAFF OF MISSOURI PACIFIC HOSPITAL

22b. ADDRESS
1755 So. GRAND AVE

22c. DATE SIGNED
6/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
6-8-1961

23c. NAME OF CEMETERY OR CREMATORY
Resurrection Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS
Kurtis Funeral Home
2906 Gravois

25. DATE RECD. BY LOCAL REG.
JUN 6 1961

26. REGISTRAR'S SIGNATURE
Road Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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

Carol A. Rogers

Licensed Embalmer No. *4861*

P. O. Address *Clayton 5, Va.*

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.