

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-047181

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3695

AMENDED

FILED JAN 9 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri.</b> b. COUNTY <b>Perry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights, Mo.</b>		Length of stay in 1b <b>2 Wks</b>	c. CITY OR TOWN <b>Perryville.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Church, St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Gebhardt</b> Last <b>Gebhardt</b>			4. DATE OF DEATH Month <b>December</b> Day <b>25</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/30/1878</b>	9. AGE (last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frank Gebhardt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Blechle</b>		14. NAME OF HUSBAND OR WIFE <b>Nil.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Mrs. Louis Schnurbusch, Perryville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebra</b> DUE TO (b) <b>Prostatic Obstruction</b> DUE TO (c) <b>cuts</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>5da.</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b>9 am</b> Month, Day, Year <b>Dec 25 1961</b>					
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 <b>Perryville</b>	COUNTY <b>Perry</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>9 Dec 61</b> to <b>25 Dec 61</b> and last saw him alive on <b>25 Dec 61</b> . Death occurred at <b>9 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In green or title) <b>John B. Blynn, MD</b>			22b. ADDRESS <b>4660 Maryland</b>		22c. DATE SIGNED <b>28 Dec 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-27-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Boniface Semetary</b>		23d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Young &amp; Sons, Perryville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>12-26-61</b>	26. REGISTRAR'S SIGNATURE <b>John B. Blynn, M.D.</b>	

**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

*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address St Louis, 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.