(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048354

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11895

FILED DEC 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN: Herculaneum
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 102 Church St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Wilbur; Middle: L.; Last: Gebauer

4. DATE OF DEATH: Month: Dec.; Day: 11; Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1-23-94

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months: ; Days: IF UNDER 24 HR: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: St. Joseph Lead Co.

11. BIRTHPLACE (City and state or country): Troy, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William J. Gebauer

13b. MOTHER'S MAIDEN NAME: Louise M. Hartung

14. NAME OF HUSBAND OR WIFE: Mabel B. Lupkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I

17. INFORMANT: Mabel B. Lupkey, Address: Herculaneum, Mo.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Wear + tear of age

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): C VA old 4201

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

19. WAS AUTOPSY PERFORMED? YES [X] 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 a.m. p.m.; Month, Day, Year

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 3/12/49 to 12/11/62 and last saw ~~the~~ him alive on 12/10/62
Death occurred at 7:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas W. Miller MD

22b. ADDRESS: 408 Humboldt Bldg.

22c. DATE SIGNED: 12/11/62

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

23b. DATE: 12-14-62

23c. NAME OF CEMETERY OR CREMATORY: Roselawn Memorial Gardens

23d. LOCATION (City, town, or county) (State): Crystal City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Vinyard Funeral Home, Inc. Festus, Mo.

25. DATE RECD. BY LOCAL REG.: DEC 12 1962

26. REGISTRAR'S SIGNATURE: Hoad Smith, M.D.

JUL 22 1963

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_____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Festus 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.