

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041581
STATE FILE NUMBER
11586
Registrar's No.

FILED DEC 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11586

300
-57

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|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Rock Hill | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. | | Length of stay in lb 3 hrs. | d. STREET ADDRESS (If outside, give location) 1116 Nth Rock Hill Rd. | | Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Josephine Middle A. Last Gahr | | | 4. DATE OF DEATH Month Nov. Day 30th Year 1958 | | |
| 5. SEX Female | 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 Feb. 23rd 1890 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) St. James, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Fred Thoms | | 13b. MOTHER'S MAIDEN NAME Unknown Siegler | | 14. NAME OF HUSBAND OR WIFE Emil Gahr | |
| 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. 496-28-6264 | 17. INFORMANT Emil Gahr Address Above | | |
| 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 (massive) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Posterior Coronary Artery Thrombosis DUE TO (c) Arterio-sclerotic Cardio-Vascular Disease | | | | | INTERVAL BETWEEN ONSET AND DEATH > 13 hours |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac Decompensation - Acute | | | | | 19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE | |
| 21. I attended the deceased from 12/21/45 to 11/30/58 and last saw ^{her} _{him} alive on 11/30/58 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>John W. King, M.D.</i> | | | 22b. ADDRESS 689 E Big Bend, 19, Mo | | 22c. DATE SIGNED 12/1/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 12-3-58 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill | | 23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo. |
| 24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo. | | | 25. DATE RECD. BY LOCAL REG. DEC 2 '58 | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P. | |

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 *H. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.