

3-40  
7-39  
X23159

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **6811 Magnolia**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NONE**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

FILED DEPT. 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6811 Magnolia**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

**Charles Gerdes**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Gerdes** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Sept. 18, 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **0** If less than one day hr. min.

9. Birthplace **Pinkneyville, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shipping Clerk Retired 5 yrs**

11. Industry or business **American Brake Co.**

12. Name **Henry Gerdes**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Albes**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Gerdes**  
(b) Address **6811 Magnolia**

17. (a) **Burial** (b) Date thereof **11-20-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Jay B. Smith**  
(b) Address **7456 Manchester**

19. (a) **NOV 19 1940** (b) **J. B. Brudeck**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Nov.** day **18**  
year **1940** hour **11** minute **17 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 13**  
**1940** to **Nov. 18**, 19**40**  
that I last saw him alive on **Nov. 18**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**

Due to **Hypertension**  
**Atherosclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Hooster A. Dill** (M. D. or other) **MD.**  
Address **7346 a Manchester** Date signed **11/19/40**

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

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**