

S. No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19978**

FILED JUL 21 1941  
Registration District No. **191**

Primary Registration District No. **1003**

Registrar's No. **4790**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4962 Maple Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **12/7**  
(d) Street No. **4962 Maple Ave**  
(If rural, give location) **F**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Hilda Gerheart**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **7**  
year **1941** hour **1** minute **50 P/M.**

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Jack Gerheart**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 23 1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 4 1940** to **June 7 1941**;  
that I last saw her alive on **May 31 1941**;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**64 8 14** hr. min.

Immediate cause of death **Carcinoma of stomach** Duration **2 1/2**

9. Birthplace **St. Louis** (City, town, or county) **Mo.** (State or foreign country)  
10. Usual occupation **Housewife**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **None**

11. Industry or business \_\_\_\_\_  
12. Name **August Gehner**  
13. Birthplace **Unknown** (City, town, or county) **9** (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) **9** (State or foreign country)

Major findings: **Ca of stomach**  
Of operations **Posterior gastro-enterostomy 9/7/41**  
Of autopsy **None**

16. (a) Informant **Helen Glover**  
(b) Address **4962 Maple Ave.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-10-41**  
(Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **St. Peters Cem. Drehmann-Harral**  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **1905 Union Blvd.**  
19. (a) **JUN 9 1941** (Date received local registrar) (b) **J. F. Bredbeck** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **Alaud Stieffer** (M. D. or other) **0**  
Address **4500 Olive** Date signed **6/9/41**

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

MOTHER FATHER

Finley Bell  
1-3 P.M.

**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 Warren A. Carver  
Licensed Embalmer No. 3534  
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.**