

Registration District No. 1931

Primary Registration District No. 1003

Registrar's No.

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **3 days** (Specify whether
In this community..... **25 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State..... (b) County.....
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL.")
(d) Street No. **5230 Vermont** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5** year **1942** hour **8:00** minute **??** P.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma sigmoid colon** Duration
.....

Due to.....
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)
Means of injury.....
23. Signature **Lois T. Blaney** (D. or other)
Address **5200 Arsenal** Date signed **4-7-42**

3. (a) PRINT FULL NAME **Fred Gerlach**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife **Nell** 6. (c) Age of husband or wife if alive **??** years **1877**

7. Birth date of deceased **January** (Month) (Day) (Year)

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

9. Birthplace **State of Washington** (City, town, or county) (State or foreign country)

10. Usual occupation **Steamfitter (formerly)**

11. Industry or business.....

12. Name **Peter Gerlach**

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

14. Maiden name **Elizabeth Thuntimer** (City, town, or county) (State or foreign country)

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

16. (a) Informant **D.E. Basso**

(b) Address **5800 Arsenal**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-8-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn**

18. (a) Signature of funeral director **J. F. Mullen**

(b) Address **5041 Delmonico**

19. (a) **APR 8 1942** (Date received local registrar) **J. F. Buddeck** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Howard F Rowland

Licensed Embalmer No..... *3114*

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.