

FILED MAY 7 1942

Registration District No. Primary Registration District No. 1003 Registrar's No. 3752

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 Hospital
(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 Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3733 St Ferdinand Ave
(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 24
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic right coronary artery
suffered in fall to floor in bathroom of her home

Due to 2/27/42 about 11:45 P.M.

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) Accident
(b) Date of occurrence 2/27/42
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? (Specify type of place)
Means of injury 3

23. Signature Alfred J. Bredner (M. D. or other)
Address St Louis Date signed 4/28/42

3. (a) PRINT FULL NAME Mathilda Christina Gerlach

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 29 (Month) (Day) (Year) 1872

8. AGE: Years 69 Months 9 Days 25 If less than one day hr. min.

9. Birthplace St Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Henry Gerlach

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

14. Maiden name Unknown Uhlich

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

16. (a) Informant Charles Gerlach

(b) Address 3733 St Ferdinand Ave

17. (a) Burial (b) Date thereon Apr 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc

(b) Address 1936 St Louis Ave

19. (a) Apr 28 1942 (b) J. F. Bredner
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *Guerrero*.....
Licensed Embalmer No. *3737*
P. O. Address..... *1936 St. Louis*.....

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.