

FILED JUL 13 1942 791
Registration District No.

Primary Registration District No.

1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
New Haven, Mo.
FETTING & SON

1. PLACE OF DEATH

(a) County ST. LOUIS MO
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SEACONNESS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town New Haven
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME OSCAR FREDRICH GERDING

3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

7. (b) Name of husband or wife FLORENCE GERDING 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased April 16 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace New Haven MO
(City, town, or county) (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business _____

12. Name William Christian Gerding

13. Birthplace New Haven MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gerding

15. Birthplace New Haven MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oscar Gerding
(b) Address _____

17. (a) Burial (b) Date thereof 6-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Co. Cem. New Haven MO

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) JUN 30 1942 (b) J. J. Woodcock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1942 hour 10:00 minute H. M.

21. I hereby certify that I attended the deceased from August 15 1941 to June 28 1942
that I last saw him alive on June 28 1942
and that death occurred on the date and hour stated above

Immediate cause of death Malignant hyper-tension due to cardiac-vascular disease Duration 5 yrs

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? Yes (Specify type of place) _____
Signature Dr. Harold Goodrich (M. D. or other)

23. Signature J. J. Woodcock Address 17 East Lockwood Date signed _____

MAR 19 1949

JUL 1 1949

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 W W Wilkerson
Licensed Embalmer No. 3575

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.