

S. No. 2  
DM-2-43  
5-17-53  
K35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23007

State File No. \_\_\_\_\_  
6714  
Registrar's No. \_\_\_\_\_

D JUL 31 1943  
Registration District No. 318

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:  
5324 Theodosia 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)

3. (a) PRINT FULL NAME Minnie C. Gerlich

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

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

6. (b) Name of husband or wife Max. Gerlich 6. (c) Age of husband or wife if  
alive 80 years

7. Birth date of deceased Aug. 25 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 10 29 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Max. Gerlich

(b) Address 5324 Theodosia Ave.

17. (a) Burial (b) Date thereof 7-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) Aug 25 1943 (Date received at registrar) J. F. Gredel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5324 Theodosia Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1943 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 25  
1943 to July 24, 1943  
that I last saw her alive on July 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the gall-bladder Duration 8 mos.

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 cause, 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 R. R. Menown (M. D. or other) Mh  
Address 5330 Geraldine Date signed 7/24/43

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

101  
No. 0101

5330  
8-98 1-2  
General Services

**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.**