

FILED DEC 22 1943

318

Registration District No. _____ Primary Registration District No. _____

1003

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

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: 3134a Winnebago
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 51 Yrs.
years, months or days

3. (a) PRINT FULL NAME

August Gerlach

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Gerlach 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 13, 1872.
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired - Baker

11. Industry or business

12. Name Wilhelm Gerlach

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

14. Maiden name Fredericks Frank

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

16. (a) Informant Mrs. Anna Gerlach

(b) Address 3134a Winnebago Ave.

17. (a) Burial (b) Date thereof Dec. 9, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 7 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3134a Winnebago (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 December day 6th
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from SEPT. 21, 1942
to DEC. 6, 1943

that I last saw him alive on DEC. 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS Duration ?

Due to DIABETES MELLITUS. ?

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?

23. Signature V. E. Beckman (M.D. or other) DC.
Address 3530 Gravois Ave. St. Louis Date signed Dec. 7, 1943

3530
11 a.m.
Drazen

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 John Mlinar
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo.

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.