S. No. 2
M—5-43
. 5-17-39
I X36671

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

13628

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14728
3593

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5520 So. Grand Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena Gerber
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William B
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov (Month) 10 (Day) 1879 (Year)
8. AGE: Years 66 Months 5 Days 7 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER 12. Name Wm Habighorst
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marie Meier
MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant William B Gerber
(b) Address 5520 So. Grand
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 19 (Day) 46 (Year)
(c) Place: burial or cremation St Matthews Cemetery
18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway
19. (a) APR 19 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1946 hour 1.30 Am minute M.
21. I hereby certify that I attended the deceased from 7/12/41, 19, to Apr 17, 1946 that I last saw her alive on Apr 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Thrombosis — 5 days
Due to Hypertension chr — 10 yrs
Due to General Arteriosclerosis chr
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. A. Vogel (M.D. or other)
Address 3325 S Grand Date signed 4/17/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Eugene Vogel

Pr 0549
3925 So Grand

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.