

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28661**
Registrar's No. **2257**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **MO.**
(c) Name of hospital or institution:
2821 ACCOMAC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

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. **2821 ACCOMAC**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD H. GERLING**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUGUST** day **19**
year **1946** hour **11** minute **30 A.M.**
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

4. Sex **MALE** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARION** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **JUNE 3 1873**
(Month) (Day) (Year)

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

8. AGE: Years **73** Months **2** Days **16** If less than one day _____ hr. _____ min.

Immediate cause of death **Phenol poisoning self administered in bed at home, Aug 19 1946. Exact time unknown. Suicide while suffering from depression, mental deterioration.**
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **ST. LOUIS MO. U**
(City, town, or county) (State or foreign country)
10. Usual occupation **FOREMAN**

Major findings: **1/3 F**
Of operations _____
Of autopsy _____

11. Industry or business **INK. CO.**
12. Name **CHRIST GERLING**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA JOHANNING**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **Aug 19 1946**
(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? _____

16. (a) Informant **MARION GERLING**
(b) Address **2821 ACCOMAC**
17. (a) **BURIAL** (b) Date thereof **AUG. 23 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BELLEFONTAINE CEM.**

While at work? _____ (Specify type of place)
(a) Means of injury _____
73. Signature **J. F. Bredbeck** (M. D. or other) _____
Date signed **8/21/46**

18. (a) Signature of funeral director **J. F. Bredbeck**
(b) Address **2906 GRAVOIS**
19. (a) **AUG 21 1946** (b) **J. F. Bredbeck**
(Date received local transfer) (Registrar's signature)

Address _____ Date signed _____

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.....

David Van Jorssen

Licensed Embalmer No.....

4242

P. O. Address.....

2906 Hawaii

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.