

FILED 21 1946

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

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:
Stone Nursing Home 4
(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)

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. **4913 Genevieve Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Esther F. Gerhardt**

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

4. Sex **female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **William C. Gerhardt** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **4 19 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	18	hr. min.

9. Birthplace **Illinois** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Morsel Green**

13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Lucine Kessinger**

15. Birthplace **Kentucky** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Gerhardt**

(b) Address **4913 Genevieve Ave.**

17. (a) **burial** (b) Date thereof **10-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

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

(b) Address **1905 Union Blvd.**

19. (a) **OCT 9 1946** (Date received by registrar)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **7**
year **1946** hour **2** minute **50** A. M.

21. I hereby certify that I attended the deceased from **July 23 1945** to **July 7 1946**
and that death occurred on the date and hour stated above.
that I last saw **her** alive on **July 7 1946**

Immediate cause of death **Cerebral thrombosis**
(hypertension)

Duration **1 yr**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **46**

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? (Specify type of place) (Yes) Means of injury.....

23. Signature **J. E. Starley** (M. D. or other) **NO**

Address **6623 Lillian** Date signed **10-7-46**

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

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.