

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:
3916a Palm
(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 Minnie E. Gehrs
FULL NAME
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Herman** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 16 1870**
(Month) (Day) (Year)

8. AGE:
Years **77** Months **4** Days **14** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Sanders**

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

14. Maiden name **Isabel Pearson**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Schaad**

(b) Address **3916a Palm St.**

17. (a) Burial (b) Date thereof **5/4/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cem.**

18. (a) Signature of funeral director **Provost Und. Co.**

(b) Address **3710 N. Grand Blvd.**

19. (a) MAY 4 1948 **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ago**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3916a Palm St.** **9**
(If rural, give location) **10** **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1948** hour **11** minute **10** P. M.

21. I hereby certify that I attended the deceased from **March 15 1948** to **Apr. 30 1948**
that I last saw him alive on **4-30-48**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** **141.**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **1/21**
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) (e) Means of injury **(C)**

23. Signature **J. P. Pugh** (M. D. or other) _____
Address **2505 No. Flourens** **Date signed** **5-1-48**

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

MOTHER FATHER

Dr. J. C. P. P. P.

1-13

750 590, 8, 10, 11, 12, 13

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 Albert Mayfield

Licensed Embalmer No. 3077

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.