FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20873
5871

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: 0

(b) City or town: Missouri St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community: Life 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 3231 Edgar Ave. 3
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Charles T. Gerber

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Elzonia

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Sept. (Month) 8 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	19	hr. min.

9. Birthplace: Hematite (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Carpenter

11. Industry or business: Railroad

FATHER
12. Name: Louis Gerber 5
13. Birthplace: Beren (City, town, or county) Switzlerland (State or foreign country)

MOTHER
14. Maiden name: Sarah Cooper
15. Birthplace: (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Elzonia Gerber
(b) Address: 3231 Edgar Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: John L. Ziegenhein & Sons
(b) Address: 7027 Gravois Ave.

19. (a) JUN 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	
Thrombosis left femoral vein	2
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): PC	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: Patrick S. Taylor (M. D. or other)
Address: 20-C Date signed: 6-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grava

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.