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FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13769

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3221

R.

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

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. PACIFIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shrewsbury
d. STREET ADDRESS (If rural, give location) 7605 Suffolk

96
15
0
1

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Lillian b. (Middle) Mae c. (Last) Gerhardt

4. DATE OF DEATH (Month) (Day) (Year) April 7-49

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH May-14-1880

9. AGE (In years last birthday) 68 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Elwood-Indiana

12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME Philander Douglas

13b. MOTHER'S MAIDEN NAME Ellen Turner

14. NAME OF HUSBAND OR WIFE Wm Chas Gerhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Wm C. Gerhardt ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Hypertensive Heart Disease	6 wks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Mesenteric Thrombosis	1 day
	DUE TO (c) Gangrene of Intestines	1 day
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Acute Cardiac Decompensation	1 day

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1949, *to* April 7, 1949, *that I last saw the deceased alive on* April 7, 1949, *and that death occurred at* 11.30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph A. Lembeck MD

23b. ADDRESS 607 N. Grand 3

23c. DATE SIGNED 4-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE APR. 11-49

24c. NAME OF CEMETERY OR CREMATORY New St Marcus

24d. LOCATION (City, town, or county) (State) St. Louis City & County

DATE REC'D BY LOCAL REG. APR 11 1949

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Parker Und Co **ADDRESS** Webster Groves

(Licensed Embalmer's Statement on Reverse Side) C. C. Aldrich 2nd Secy MO

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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

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