

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17275

State File No. _____

FILED JUN 7 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1-3-02-4667**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When deceased lived. If institution: admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland, Mo.	
c. LENGTH OF STAY (In this place) 9 weeks		d. STREET ADDRESS (If rural, give location) N.R. = 3507 Westridge Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			
3. NAME OF DECEASED a. (First) Barbara (Type or Print) b. (Middle) c. (Last) Gerhardt			4. DATE OF DEATH (Month) (Day) (Year) May 26 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 15, 1887
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Michael Nehr		13b. MOTHER'S MAIDEN NAME Josephine Hallman	14. NAME OF HUSBAND OR WIFE Jacob Gerhardt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Nehr 4015 Giles St. Louis, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma right breast		4 years
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 50
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170X

22. I hereby certify that I attended the deceased from **Sept. 27, 1946**, to **May 26, 1949**, that I last saw the deceased alive on **May 26, 1949**, and that death occurred at **5:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Norton John Eversoll M.D.	(Degree or title)	23b. ADDRESS 6356 Clayton Rd.	23c. DATE SIGNED 5/27/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/28/49	24c. NAME OF CEMETERY OR CREMATORY Euclid Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Arlington Heights, Ill.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 27 1949 J. B. Lavater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collier's Funeral Home 10123 St. Charles Rd.		

No. 300
10-48
17
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6356
Clayton Pl

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.....

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles Rd

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.