

FILED MAY 18 1949

STANDARD CERTIFICATE OF DEATH

17277

State File No.

318

1003

4081

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5741 Cates Avenue				d. STREET ADDRESS (If rural, give location) 5741 Cates Avenue					
3. NAME OF DECEASED (Type or Print) Louis		a. (First)		b. (Middle) Ernest		c. (Last) Gerling		4. DATE OF DEATH (Month) (Day) (Year) May 5, 1949	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH 4-29-1871		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Church		11. BIRTHPLACE (State or foreign country) Hoyleton, Ills.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Frederick Gerling			13b. MOTHER'S MAIDEN NAME Fredericka Duerer			14. NAME OF HUSBAND OR WIFE Mrs. Lydia Elizabeth Gerling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Gerling, 5741 Cates Ave.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-vascular dis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u>	
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)		181			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X					
22. I hereby certify that I attended the deceased from Jan 19 49, to May 5, 19 49, that I last saw the deceased alive on May 3, 19 49, and that death occurred at A m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Luster</u>				(Degree or title)		23b. ADDRESS 15427 Delmar Blvd		23c. DATE SIGNED 5-6-49.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-7-1949	24c. NAME OF CEMETERY OR CREMATORY North Prairie Cemetery Hoyleton, Ills.		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL HEALTH DEPT. MAY 6 1949		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Jones</u>				
					ADDRESS				

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

Dr Sam Basset

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *1175 D. Collins*

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.