

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24787
State File No. 6309

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY	
b. CITY OR TOWN: ST. Louis		c. CITY OR TOWN: ST. Louis 2159	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location): 2218 Osage	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First): John	b. (Middle): Louis	c. (Last): Gerlach	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1950
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5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 26, 1868	9. AGE (In years last birthday): 82	IF UNDER 1 YEAR: Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): GERMANY	12. CITIZEN OF WHAT COUNTRY?: U. S. A.
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE: Agnes Gerlach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes Spanish - Amer.	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT'S SIGNATURE OR NAME: Elsa Kaspar	ADDRESS: 6013 Marquette
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		INTERVAL BETWEEN ONSET AND DEATH: 7 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177X
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22. I hereby certify that I attended the deceased from 10-30, 1949, to 7/22, 1950, that I last saw the deceased alive on 7/21/50, 1950, and that death occurred at 1:00 pm., from the causes and on the date stated above.

23a. SIGNATURE: [Signature]	(Degree or title): M.D.	23b. ADDRESS: 5208 Chippewa	23c. DATE SIGNED: 7/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION	24b. DATE: July 24, 1950	24c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory	24d. LOCATION (City, town, or county) (State): ST. Louis, Missouri
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DATE REC'D BY SPECIAL REG. JUL 24 1950	REGISTRAR'S SIGNATURE: J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE: Will Bros. L. & H. Co.	ADDRESS: 2927 S. Jefferson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

NO MAY 5 1960

Signed H. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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.