

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24788

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6686

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION -- 3334 1/2 MICHIGAN AVE		d. STREET ADDRESS (If rural, give location) 3334 1/2 MICHIGAN AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Gerwiner c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 4, 1950				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH NOV. 22, 1888	9. AGE (In years last birthday) 61	10. MONTHS 8	11. DAYS 12	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIRE WEAVER		10b. KIND OF BUSINESS OR INDUSTRY HUDLOW-SAYLOR Co		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME HERMAN GERWINER	13b. MOTHER'S MAIDEN NAME ANNA UNKNOWN	14. NAME OF HUSBAND OR WIFE LENA GERWINER
---------------------------------------	---	--

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. 488-09-8333	17. INFORMANT'S SIGNATURE OR NAME LENA GERWINER-3334 1/2 MICHIGAN AVE	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, ashenia, 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) Aortic insufficiency		2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c) Arteriosclerosis, general		2 yrs.
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)
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? 411X

22. I hereby certify that I attended the deceased from 10/24/49, 19\_\_\_, to 11/6/49, 19\_\_\_, that I last saw the deceased alive on 7/28/50, 19\_\_\_, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE C. D. Vermillion M.D.	23b. ADDRESS Barnes Hospital.	23c. DATE SIGNED 8/5/50
---	----------------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 78-8-50	24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	24d. LOCATION (City, town, or county) (State) ST LOUIS, MO
--	----------------------	--	---

DATE REC'D BY LOCAL REG. AUG 5 1950	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER-4228 S. KINGSHIGWAY Bk.	ADDRESS
--	--	--	---------

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

10-1-1974

S

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Richard W. Stovessand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

**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.