

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11020

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 760

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4138	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1913 McLaran Ave		d. STREET ADDRESS (If rural, give location) 1913 McLaran Ave.,	

3. NAME OF DECEASED (Type or Print) **Edward L Gerken**

a. (First) **Edward** b. (Middle) **L** c. (Last) **Gerken**

4. DATE OF DEATH (Month) (Day) (Year) **March 19th, 1952**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **April 14th, 1888** 9. AGE (In years last birthday) **64**

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **gardner** 10b. KIND OF BUSINESS OR INDUSTRY **self.** 11. BIRTHPLACE (State or foreign country) **St. Louis** 12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Herman Gerken** 13b. MOTHER'S MAIDEN NAME **Maria Muesing** 14. NAME OF HUSBAND OR WIFE **Ida Gerken**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **----** 17. INFORMANT'S SIGNATURE OR NAME **Ida Gerken** ADDRESS **1913 McLaran 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr Myocarditis DUE TO (c) _____		years
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 **4x2x2** 20. AUTOPSY? YES NO

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) _____ 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 _____, 1944 to **Mar 19, 1952** that I last saw the deceased alive on **Mar 19, 1952**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) 23b. ADDRESS _____ 23c. DATE SIGNED **Mar 20 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **3/22/52** 24c. NAME OF CEMETERY OR CREMATORY **Friedens Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **3-21-52** REGISTRAR'S SIGNATURE **Herbert R. Donke M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Diedrich F. Home** ADDRESS **8319 Hallsferry**

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

4 528-1-28

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 *Eleanora Poiricee*.....

Licensed Embalmer No. *3403*.....

P. O. Address *St Louis Mo*.....

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.