

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14990

State File No. ....

FILED MAY 3 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1115

WRITE MAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>1 DAY</u><br>c. CITY OR TOWN <u>PINE LAWN</u> #151   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>   |  | d. STREET ADDRESS (If rural, give location) <u>HILLS RAUENWOOD</u>   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MARY</u> b. (Middle) <u>E</u> c. (Last) <u>GERT</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>April 27, 1952</u>  |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u>                      | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  | 8. DATE OF BIRTH <u>NOV-12-1971</u>              |
| 9. AGE (In years last birthday) <u>80</u>  | IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> |
| 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS - MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>  |  |
| 13a. FATHER'S NAME <u>JOSEPH BAYER</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>WILHELMINA KIRCHENS</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>FRED GERT</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)   |  |
| 16. SOCIAL SECURITY NO. <u>NONE</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>FRED GERT</u> ADDRESS <u>4115 RAUENWOOD</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                    |  | MEDICAL CERTIFICATION<br>I. DISEASE, OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>   |  |
| 20. AUTOPSY?<br>YES <input checked="" 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)  |  |
| 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?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>4-26-1952</u> to <u>4-27-1952</u> , that I last saw the deceased alive on <u>4-27-1952</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>   |  | 23b. ADDRESS <u>601 S. Brentwood Clayton 5. Mo.</u>  |  |
| 23c. DATE SIGNED <u>4-27-52</u>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  |
| 24b. DATE <u>4-30-52</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER CEM</u>   |  |
| 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO - MO</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>6107 Natural Bridge</u>   |  |
| DATE REC'D BY LOCAL REG. <u>4-29-52</u>  |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |  |
| (Licensed Embalmer's Statement on Reverse Side)  |  |  |  |

No. 300  
10.48

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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

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.