

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29987

State File No. 7469
Registrar's No. 7469

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7469	
1. PLACE OF DEATH a. COUNTY _____				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 ST. LOUIS		c. LENGTH OF STAY (In this place) 1 WK		c. CITY OR TOWN Rock-Hill 631		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				e. STREET ADDRESS (If rural, give location) 821 BLOSSOM LANE			
3. NAME OF DECEASED (Type or Print) a. (First) LOTTA			b. (Middle) GERDELMAN			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 7 31 53		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH Aug. 10-1893		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months 11		11. UNDER 10 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT			10b. KIND OF BUSINESS OR INDUSTRY ACCOUNTING			11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo 0	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME BENSIMAN-GERDELMAN		13b. MOTHER'S MAIDEN NAME CHARLOTTE-KREYLING		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERNIE GERDELMAN-821-BLOSSOM-LANE			
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-vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 331X (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from July 23, 1953, to July 31, 1953, that I last saw the deceased alive on July 30, 1953, and that death occurred at 8:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lois C. Hyatt M.D.</u>		23b. ADDRESS <u>124 E. Adams</u>		23c. DATE SIGNED <u>7-31-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE <u>Aug-3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS-CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY- MO</u>	
DATE REC'D BY LOCAL REG. JUL 31 1953		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH- MAPLEWOOD-17-MO</u>			

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

STONIS
DECOMERS Hospice
ATTN

F
W
ACCOUNTANT
BENJAMIN-GERBERMAN CHARITABLE
HOME ON

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.....
Signature of Student Embalmer

Signed *H. Burgess*

Licensed Embalmer No. 4029

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.