

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20506
Registrar's No. 4903

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4903	
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) 2 1/2 weeks		c. CITY OR TOWN St. Louis		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) 6901 Claremore Drive			
3. NAME OF DECEASED (Type or Print)		a. (First) Fred		b. (Middle) H		c. (Last) Gerling	
4. DATE OF DEATH		(Month) May		(Day) 31		(Year) 1954	
5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building Trades		11. BIRTHPLACE (City and State or Foreign Country) Black Jack, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Gerling		13b. MOTHER'S MAIDEN NAME Louise Rosenkoetter		14. NAME OF HUSBAND OR WIFE Mrs. Mayme Gerling			
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. 487-26-3884		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mayme Gerling, 6901 Claremore Drive			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho-sarcoma ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION 8/13/53		19b. MAJOR FINDINGS OF OPERATION Retroperitoneal Lympho-sarcoma				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 200.1			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6-21 , 19 52 , to 5/31 , 19 54 , that I last saw the deceased alive on 5/30 , 19 54 , and that death occurred at 1:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles M. Smith MD				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 6-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 3, 1954		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 2 1954		REGISTRAR'S SIGNATURE Charles M. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Hugh G. Burnley*
Licensed Embalmer No.....
P. O. Address *S. House*

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.