

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38757**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10021**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 46 yrs.		d. STREET ADDRESS (If rural, give location) 4926 Sunshine Drive 20290	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4926 Sunshine Drive		2. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1954	
3. NAME OF DECEASED (Type or Print) REINHOLD		a. (First) F	
b. (Middle)		c. (Last) GERBING	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 6, 1886	
9. AGE (In years last birthday) 68 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Manager - Grocery	
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gustav Gerbing		13b. MOTHER'S MAIDEN NAME Pauline Schachameyer	
14. NAME OF HUSBAND OR WIFE Mrs. Lucy Gerbing		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Mrs. L. Gerbing, 4926 Sunshine 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of head of pancreas INTERVAL BETWEEN ONSET AND DEATH 3 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Aug 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma of head of pancreas	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 157X		22. I hereby certify that I attended the deceased from Jan , 1952, to Nov 3 , 1954, that I last saw the deceased alive on Nov 3 , 1954, and that death occurred at 9:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE Ray H. Schmielein		23b. ADDRESS 1401 68th St. St. Louis	
23c. DATE SIGNED Nov 3 54		24a. BURIAL CREMATION REMOVAL (Specify) Removal	
24b. DATE 11-6-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F. H. INC.	
25. ADDRESS 1936 St. Louis Ave.		DATE REC'D BY LOCAL REG. NOV 5 1954	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F. H. INC.	

(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. None

working under my personal supervision.

Student None.....
Student Embalmer

Signed Delix J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.