

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13342**
Registrar's No. **3423**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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 Saint Louis		c. LENGTH OF STAY (in this place) -----		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 4919 Natural Bridge Blvd.,			
3. NAME OF DECEASED (Type or Print) a. (First) ALVINA		b. (Middle) M.		c. (Last) GERLACH		4. DATE OF DEATH (Month) (Day) (Year) April 15th, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 2nd, 1885	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederick Marting			13b. MOTHER'S MAIDEN NAME Louise Krieger		14. NAME OF HUSBAND OR WIFE Late Charles O. Gerlach		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Lydia Brammer, 6436 Ridge Avenue, 14.			
18. CAUSE OF DEATH Enter on one line per line for (a), (b), and (c) *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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Left Breast ANTECEDENT CAUSES with metastases to chest Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. bones and skin DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 7/2/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma left breast					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 170X			
22. I hereby certify that I attended the deceased from 6-15, 1954 , to 4-15, 1955 , that I last saw the deceased alive on 4-15, 1955 , and that death occurred at 7:50P. m., from the causes and on the date stated above.							
23a. SIGNATURE Edward Melhina MD			23b. ADDRESS 3903 Olive St. Louis		23c. DATE SIGNED 4-16-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/18/55	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. APR 18 1955		REGISTRAR'S SIGNATURE John Smith		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ FUNERAL HOME, INC., St. Louis, 15, Mo.			

(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
Student Embalmer

Signed *John A. McLean*

Licensed Embalmer No. *4186*

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.