

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6498

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1971

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. LENGTH OF STAY (in this place) 1mo		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		6. STREET ADDRESS (If rural, give location) 5324 Theodosia Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) c. (Last) Gerlich			4. DATE OF DEATH (Month) (Day) (Year) 2 - 22 - 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12 - 8 - 1863		9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA		13. BIRTHPLACE (City and State or Foreign Country) Germany	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toll Collector		10b. KIND OF BUSINESS OR INDUSTRY Eads Bridge		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Minnie Gerlich	
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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 Mr. Edward Graser	
				ADDRESS 5324 Theodosia Av	

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>encephalomalacia due to cerebral arteriosclerosis</u> 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. <u>Branchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH  3 wks	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33# 332X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 14, 1956, to Feb 22, 1956, that I last saw the deceased alive on Feb 21, 1956, and that death occurred at 10:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE H. H. Siesener M.D.		23b. ADDRESS 6000 W. Florissant		23c. DATE SIGNED 2-24-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/25/56		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REG. FEB 24 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	
				ADDRESS 1905 Union Blvd.	

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

Dr. Steiner  
6000 W. Florissant  
11:30-12-30  
1 - 5

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..... *Warren A. Carter* .....

Licensed Embalmer No. 35.....

P. O. Address.....

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.