.300
.48

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

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10746

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2227

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2318a Victor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Pine Lawn 4/61
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 6502 Woodrow

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) B c. (Last) Gerdes Sr.

4. DATE OF DEATH (Month) 2 (Day) 29 (Year) 56

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

8. DATE OF BIRTH: Dec. 23, 1910

9. AGE (In years last birthday): 45 — 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): Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjemen Gerdes

13b. MOTHER'S MAIDEN NAME: Josephine Vogel

14. NAME OF HUSBAND OR WIFE: Estelle Gerdes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): --------

16. SOCIAL SECURITY NO.: 489-01-4404

17. INFORMANT'S SIGNATURE OR NAME: Estelle Gerdes **ADDRESS**: 6502 Woodrow

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) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

Pulmonary tuberculosis

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

19b. MAJOR FINDINGS OF OPERATION: 002 x

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27, 1953, *to* 1-30, 1956, *that I last saw the deceased alive on* 1-30, 1956, *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE S. Tashma S. Tashma **(Degree or title)** M.D. M.D. **23b. ADDRESS** 1528 No. Kingshighway 1528 N. Kingshighway 1528 N. Kingshighway **23c. DATE SIGNED** 3-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 3/3/56 **24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery **24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG. MAR 2 1956 **REGISTRAR'S SIGNATURE** J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Kinealy **ADDRESS** 2228 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

mRB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hoark Wyland

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.