

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1956

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State File No. 21830

Registrar's No. 5773

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1-day</u>		c. CITY OR TOWN <u>Normandy</u>		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 <u>DePaul Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>742 Bermuda Dr.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernard</u> b. (Middle) <u>H.</u> c. (Last) <u>Gerker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1956</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Aug. 31, 1888</u>		
9. AGE (In years last birthday) <u>67</u>		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) <u>Mfrgr. Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Jennings, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Gerker</u>			13b. MOTHER'S MAIDEN NAME <u>Bernadette Von Lehanden</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Genevieve Gerker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>492-09-5483</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Genevieve Gerker, 742 Bermuda Dr.</u>			
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 <u>Normandy, Mo.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary sclerosis</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> 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 <u>3 days</u>	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			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) <u>420.1</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-16-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11-1-55 6-16-56</u>				
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1955</u> , to <u>June 16, 1956</u> , that I last saw the deceased alive on <u>Nov 16, 1955</u> , and that death occurred at <u>5:45 pm</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D.B. Flavan</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>539 N. Grand St. St. Louis 32</u>			23c. DATE SIGNED <u>6/18/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>JUN 18 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carroll Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>		

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..... *Francis Williamson*

Licensed Embalmer No. *356*

P. O. Address *3840 Lehigh*

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.