

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1956

5. No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>St. Clair</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>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>360</u>	
3. NAME OF DECEASED a. (First) <u>Irene</u> b. (Middle) <u>M</u> c. (Last) <u>Gerber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 21, 1897</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>9</u> DAYS <u>1</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Louis Kretschmer</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Sauer</u>	14. NAME OF HUSBAND OR WIFE <u>August Gerber</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Gerber</u> ADDRESS <u>St. Clair, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANTERIOR & POSTERIOR MYOCARDIAL INFARCTION - SUBAR.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LEFT VENTRICULAR FAILURE</u> DUE TO (c) <u>MULTIPLE THROMBOEMBOLISM</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1952</u> to <u>DEATH</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>56</u> , and that death occurred at <u>4:20</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Pearl, M.D.</u>		23b. ADDRESS <u>St. Clair, Mo.</u>	23c. DATE SIGNED <u>9-28</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/29/56</u>		REGISTRAR'S SIGNATURE <u>R. J. Hudman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey-Lenox</u> ADDRESS <u>St. Clair, Mo.</u>

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

99-0

OCT 15 1958

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 *H. M. Leno*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, Mich.*

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.