MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019007
STATE FILE NUMBER

AMENDED

FILED JUN 2 1961

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 4674

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3520 Chippewa
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First (Sister Mary Wunibalda) Middle (Anna) Last (Gerhard)
4. DATE OF DEATH: Month 5 Day 16 Year 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec 30, 1890
9. AGE (last birthday): 70
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religius
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Marbach bei Fulda, Germany
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Hilarius Gerhard
13b. MOTHER'S MAIDEN NAME: Josephine Trakort
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: St. Anthony's Hospital Address: 3520 Chippewa (18)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 6 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — UNK
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NEPHROSCLEROSIS, ARTERIAL WITH UREMIA
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1957, to 5/16/61 and last saw her/him alive on 5/15/61
Death occurred at 5:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Henry Cooper (Degree or title) MD
22b. ADDRESS: 818 Olive St.
22c. DATE SIGNED: 5/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/18/61
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter and Paul Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: Gebken-Benz Mortuary ADDRESS: 2842 Meramec St. St. Louis 18 Missouri
25. DATE RECD. BY LOCAL REG.: MAY 17 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

St. Louis 18 Missouri

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.