MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8368

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. En Route City Hospital # 2 St. ..... Ward)

File No. 1 Registered No. 2839

2. FULL NAME William J. Gerdine

(a) Residence. No. 3862 Windsor Place Ward. 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Gerdine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	3	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter, 24 Yr.

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel work

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Point
(STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER Claiborne Gerdine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Point
(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Lydia Boyce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Point
(STATE OR COUNTRY) Mississippi

14. INFORMANT Lydia Gerdine
(Address) 3862 Windsor Pl.

15. FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock - Injuries / Fractured Skull Cerebral Haemorrhage - traumatic / received in fall from window at Roosevelt Hotel while washing same

CONTRIBUTORY (SECONDARY) Accident (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 1854 155

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] M. D.

2/28 1931 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park

DATE OF BURIAL February 4, 1931

20. UNDERTAKER Charles J. Gates

ADDRESS 4107 Finney

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD