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

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.

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

Do not use this space.

37716

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10411

City St. Louis Mo (No. City Hosp. #1 ..... St. ..... Ward)

2. FULL NAME George Gerling

(a) Residence, No. 4386 Lindell Blvd. 19 Ward. .....
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lily Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 15, 1852

7. AGE: 80 YEARS, 1 MONTHS, 8 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: tile salesman
10. Date deceased last worked at this occupation (month and year): about 12 years
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 5

FATHER

13. NAME: George Gerling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France 9

MOTHER

15. MAIDEN NAME: Margaret Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Mrs George Gerling 4386 Lindell.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE 11-25 1932

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell

20. FILED NOV 25 1932 19 Max C Harkert Registrar 11/25/32

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19 ..., to ..., 19 ...

I last saw h..... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock & Injuries | |
| Fractured Skull | |
| Struck by Auto in St Louis Mo | |
| While Crossing Street | |
| (Deceased a pedestrian) | |
| Other contributory causes of importance: | |
| 210 M | |
| Accident | 2 03 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/22, 1932

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Turner, M. D.

(Address) Dep. Corona