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.

41560

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 408

City Jefferson Barracks, Mo. (No. Veterans Administration Hospital. St. Ward)

2. FULL NAME JOHN GERDEL

(a) Residence, No. 3914 Natural Bridge, St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Gerdel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
88	88	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Nailer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) Unk.

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany. 10

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable 31

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director. Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Dec 17, 19

19. UNDERTAKER (ADDRESS) Math Hermann 2161 E Fair Ave

20. FILED Dec. 14, 1932 L. C. Olrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1932, to December 14, 1932

I last saw him alive on December 14, 1932. Death is said to have occurred on the date stated above, at 2:45A m.

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

	Date of onset
Broncho-pneumonia	Unk.
1074	
1074	

Other contributory causes of importance:

ArterioSclerosis, general.	Unk.

Name of operation Clinical, physical, and laboratory finding Date of

What test confirmed diagnosis? Was there an autopsy? No.

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

Accident, suicide, or homicide? Date of injury, 19

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

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) C. A. GIBSON, M.D. Med. Off. Dr. Chg. M.D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.