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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 35276
Township ~~Clayton~~ — Primary Registration District No. 6033 — Registered No. 308
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Louis Gerber
(a) Residence, No. St. Josephs of Hills, Eureka, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1877
7. AGE: 2 60 YEARS — MONTHS: 6 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Phillips Gerber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lucinda Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) St. Josephs Hills Eureka, Missouri Goldie Hubbard
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Union, Mo. DATE 9/4 1937
19. UNDERTAKER (ADDRESS) Wm H Horn Union, Mo
20. FILED 9/4 1937 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-18-37, 19..., to 9-4-37, 19...
I last saw him alive on 9-4-37, 19... Death is said to have occurred on the date stated above, at 5:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy unknown	

Other contributory causes of importance: Hasmorrhoids

Name of operation Hasmorrhoidectomy Date of 8/25/37
What test confirmed diagnosis? clinical 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) R. W. Robinson, M. D.
(Address) St. Louis County Hospital