

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.

DEC 28 1937

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

42519  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160  
(b) Township \_\_\_\_\_ Primary Registration District No. 4470 Registered No. 115  
(c) City University City (d) Street No. 7252 Amhurst Ave. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Isaac J. Gerber  
(a) Residence, No. 7252 Amhurst Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Emma E. Gerber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8.19.1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. furniture  
9. Industry or business in which work was done, as saw mill, bank, etc. Sales-man  
10. Date deceased last worked at this occupation (month and year) Jan. 16, 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannelton Ind.

FATHER 13. NAME Joseph Gerber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Catherine Heim

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

17. INFORMANT (ADDRESS) Emuel Gerber  
7252 Amhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov. 26, 37 19

19. FUNERAL DIRECTOR (ADDRESS) Alexander Jones  
6175 Delmar Blvd.

20. FILED Nov. 23, 1937 Virginia Herschler Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-22 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1937, to Nov. 23, 1937, 19\_\_\_\_  
I last saw him alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 6:09 P.M.

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

Carcinoma of Rectum

Date of onset 1935

Other contributory causes of importance:

None

Name of operation Colostomy Date of Nov. 1937

What test confirmed diagnosis? Biopsy 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? No

If so, specify \_\_\_\_\_

(Signed) Leo Gottlieb M. D.

(Address) 607 N. Grand Ave  
St. Louis, Mo.

Leo Gottleib University Club Bldg.

Frank. 2828

12th St

A.N. Arneson 3730 Washington Ave

Frank. 6622

STATEMENT BY LICENSED EMBALMER

I, William Bensley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

..... L. E. ....

No. and or by Carl Hank, ~~Registered~~ Apprentice No. ....  
working under my personal supervision.

Signed JW<sup>m</sup> Bensley  
Licensed Embalmer No. 3653

**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.)**