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.

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Jefferson
Township: Joachim
City: ..... (No. ..... , ... St. ..... Ward)

Registration District No. 421
Primary Registration District No. 575

File No. 15004
Registered No. 43

2. FULL NAME: Louis David Gerber

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Della M. Gerber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept., 5th., 1871

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	11	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County Missouri

FATHER
13. NAME: Louis D. Gerber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Sarrah Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County Mo.

17. INFORMANT: Mrs. Della Gerber
(ADDRESS): Hematite Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hematite Mo. DATE: 4/18/38, 19..

19. UNDERTAKER: Duester - Vinyard
(ADDRESS): Festus Mo.

20. FILED 4/18, 1938 C. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 16, 1938
I last saw h. alive on April 16, 1938. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:
Progressive muscular atrophy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Charles E. Pratt M.D.
(Address) Festus Mo.