

REC'D APR 12 1939

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

8346
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008** Registered No. **2111**
(c) City **St. Louis** (d) Street No. **2835 Clara Ave.** St.
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Gesina Elizabeth Gerdes**

(a) Residence, No. **2835a Clara Ave.** St. **6** (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. G. Gerdes		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 11th. 1875		
7. AGE	YEARS 64	MONTHS 0
	DAYS 22	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant	
	9. Industry or business in which work was done, as saw mill, bank, etc. Gro. & Meats	
	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) Germany		
FATHER	13. NAME Herman Gerdes	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Anna Schulte	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) Geo. H. Gerdes 2835a Clara Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 3-6-39 19		
19. FUNERAL DIRECTOR (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.		
20. FILED MAR 5 1939 J. B. Brudick Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-3-39** 19

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 3**, 19**39** to **Mar. 3**, 19**39**.
I last saw h. or alive on **Mar 3/**, 19**39**. 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:
arteriosclerotic heart disease
Other contributory causes of importance:
Diabetes Mellitus
Hypertension
Name of operation 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? **no**
If so, specify **H. F. Bergman**, M. D.
(Signed) **3720 Washington**
(Address)

STATE DEPARTMENT, WITH FORWARDING 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.

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3916

11, 30, 01
S. F. Benjamin
and
S. F. and

STATEMENT BY LICENSED EMBALMER

I, A.A. Smithers, Licensed Embalmer No. 3916

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

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.)