

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38270  
Registrar's No. 10109

Registration District No. 1001

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 2  
(a) County 1002  
(b) City or town St. Louis  
(c) Name of hospital or institution: 6311 Virginia Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 6311 Virginia Ave (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Lina Gerlach 64  
3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 3, 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Illionios (City, town, or county) (State or foreign country)  
10. Usual occupation Housework  
11. Industry or business \_\_\_\_\_  
12. Name Henry Kammann 6  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Gerlach  
(b) Address 6311 Virginia Ave  
17. (a) Cremial (b) Date thereof 11/28/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's, St. Louis  
18. (a) Signature of funeral director Joseph H. Red  
(b) Address 7420 Michigan Ave  
19. (a) 11-27-1939 (b) J. B. Red  
(Date of local registration) (Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 26  
year 1939 hour 3:30 minute AM  
21. I hereby certify that I attended the deceased from November 19, 1939, to Nov. 26, 1939; that I last saw her alive on November 25, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 7 days  
Due to High Blood Pressure  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Durant Benjamin (M. D. or other) \_\_\_\_\_  
Address 7408 Michigan Date signed 11/27/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Oliver E. Lush*, Registered Apprentice No. *186*,  
working under my personal supervision.

Signed *Walter Collins*.....

Licensed Embalmer No. *3867*.....

P. O. Address *John med*.....

**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.)**

**If this body is not embalmed, above space should be left blank.**