

DEPARTMENT OF HEALTH
BUREAU OF THE VITAL RECORDS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36336

State File No. _____

Registration District No. 783P

Primary Registration District No. 200

Registrar's No. 1988

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kirkwood Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 days (Specify whether years, months or days)
In this community 16 years

8. (a) PRINT FULL NAME IDA GERDT

3. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ARTHUR GERDT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 24 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 24 If less than one day hr. _____ min.

9. Birthplace unknown MINNESOTA
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Carl Beto

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Laskie

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Kirkwood Records

(b) Address Kirkwood, Mo.

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mid Lebanon Cem

18. (a) Signature of funeral director Baumman Mort

(b) Address Overland Mo

19. (a) OCT 21 1940 (b) R. W. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9520 Marlowe
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1940 hour 2:25 minute 9 M.

21. I hereby certify that I attended the deceased from 8-31- 1940, to 10-18 1940;
that I last saw her alive on 10-18 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 33 yrs?

Due to 23

Other conditions Diabetes Mellitus 12 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 Bernard Friedman (M. D. or other) M.D.
Address Kirkwood, Mo Date signed 10-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oscar J. Mueller

Licensed Embalmer No.....

3039

P. O. Address.....

Overland Mo

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.