U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16162

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4652

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

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1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7mo.-11days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4910 W. Pine (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME CLARA ISABELLE GERHARD.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 18 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 9 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Julius H.Gerhard
13. Birthplace Kemnitz, G (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Elizabeth Juenger.
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant J.W.Gerhard.
(b) Address 4010 W.Pine
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 29,1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) MAY 28 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27 year 1942 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from Oct. 16, 1941, 19, to May27, 1942, 19, that I last saw h, alive on, 19, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of uterus
Cerebral vascular accident
Terminal bronchopneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Carcinoma of uterus; Cerebral hemorrhage; bronchopneumonia

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F.R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 5-28-42

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 9 1972

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City M

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, fact should be so stated above.