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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25269

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1605

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bel-Nor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2996 Clearview Dr. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Bel-Nor 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2996 Clearview Dr. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Barbara Gerst

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Gerst

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased May (Month) 23rd. (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	3	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Peter Minges
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Anna Gerst
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Jacob Gerst
(b) Address 2996 Clearview Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 7840 Natural Bridge Ave.

19. (a) JUL 28 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th. year 1942 hour 5.45 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1942 to July 26, 1942 that I last saw her alive on " , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of spine metastases from

Due to Right breast

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H A Uhlemeyer (M. D. or other) MD
Address 1511 E Grand Date signed 7-27-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Whitemeyer
6-7 30 PM
2/511 East Grand Pl

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 Me

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

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl.

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.