

FILED SEP 8 1942

Registration District No. 784

Primary Registration District No. 30

Registrar's No. 1748

1. PLACE OF DEATH
 (a) County St. Louis
 (b) City or town NORMANDY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mother of Good Council Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 months
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Clayton
(If outside city or town limits, write "RURAL")
 (d) Street No. 22 Brentmoor Park
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elise S. Gerber
 3. (b) If veteran, name war ---
 3. (c) Social Security No. --- 0

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fred Gerber
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased November 19 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>28</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
 12. Name -- Hackmann
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Sophia Brunk
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred A. Gerber
 (b) Address 22 Brentmoor Park.

17. (a) Burial (b) Date thereof Aug 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director John S. Ziegenhain, Sons
7020 Gravois Ave.

19. (a) AUG 18 1942 (b) C. G. Mc Lennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
 year 1942 hour 9:41 minute A M.
 21. I hereby certify that I attended the deceased from June 24th
1941, 19____, to August 17, 1942
 that I last saw h. or alive on August 16, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.
Chr. General Arthritis Deformans
Chr. Int. Nephritis. Bed-Fast.
 Due to Extreme Senile type.
Secondary: Uremia. Urema Coma.
 Due to Inanition.
Died in the Home of the Incurables.
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration
Since entry in Home June 1941

Major findings:
 Of operations _____
 Of autopsy _____

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)

23. Signature Dr. Luke B. Tiernon (M. D. or other)
 Address 3718 Jennings St. St. Louis, Mo. Date signed _____

DR. LUKE B. TIERNON
 3718 JENNINGS ROAD
 ST. LOUIS, MO.

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

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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 B. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Illinois

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.