

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 1942

Registration District No. 784

Primary Registration District No. 372

Registrar's No. 1737

1. PLACE OF DEATH:

(a) County St. Louis, Co. Missouri
(b) City or town St. Louis, Co. Missouri
(c) Name of hospital or institution: Pine Crest Home, 4
(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 96
(c) City or town Saint Louis, Co. Mo. 7
(If outside city or town limits, write "RURAL")
(d) Street No. 728 E. Swon Ave. Webster Groves Mo. 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 1

3. (a) PRINT FULL NAME GUSTAVE GERDES

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Anna Gerdes 6. (c) Age of husband or wife if _____

7. Birth date of deceased February 5th, 1861.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 10 _____ hr. _____ min.

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

10. Usual occupation Clerk Laclede Gas Co.

11. Industry or business _____

12. Name Henry Gerdes

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur H. Gerdes

(b) Address 3310-A Magnolia Ave.

17. (a) Burial (b) Date thereof August 18, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Zegerhus Bros.

(b) Address 6405 Gravois Ave.

19. (a) AUG 17 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 8th 1942 to July 15th 1942
that I last saw him alive on August 15th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Intestinal Sclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

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 [Signature] (M. D. _____)

Address Manchester, Mo. Date signed 9/16/42

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

96
00
0

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

W E Morris

Licensed Embalmer No.

9360

P. O. Address

6409 Brown

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.