

S. No. 2
OM-5-42
ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

77-3960
42043
State File No. 42043

Registration District No. 78 Primary Registration District No. 11 Registrar's No. 2535

96
38
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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 Mo (b) County St. Louis
(c) City or town University
(If outside city or town limits, write "RURAL")
(d) Street No. 6300 Washington
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louise Greber Ryan
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3
year 1942 hour..... minute..... M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. W 2
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct 1 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 8 1942 to Dec 3 1942;
that I last saw him alive on Dec 3 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years 77 Months 2 Days 2 If less than one day
hr. min.

Duration
Chronic Myocarditis 3 mos.
Due to.....
Due to.....

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

Other conditions Fracture of Rt Femur Sept 7-42
(Include pregnancy within 3 months of death)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER
12. Name Henry Gerber
13. Birthplace Des Peres Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations —
Of autopsy none
Underline the cause to which death should be charged statistically.

16. (a) Informant T. L. Ryan,

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) — Accid
(b) Date of occurrence 9-7-42
(c) Where did injury occur? — Home 137
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(Burial, cremation, or removal) (b) Date thereof 12-7-42
(Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Lutheran

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

(Specify type of place) (e) Means of injury Fall
While at work?.....

19. (a) DEC 4 1942 (b) E. J. McFarland
(Date received local registrar) (Registrar's signature)

23. Signature Albert J. McFarland (M. D. or other)
Address 273 P. No. Second Bl. Date signed 12-8-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.