

JAN 21 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution:
Deaconess Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1 day**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **William J. Gerdel**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **498-01-9184**

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

6. (b) Name of husband or wife..... **Cora Gerdel** 6. (c) Age of husband or wife if alive..... **62** years

7. Birth date of deceased..... **September 26, 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	3	17 hr. min.

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

10. Usual occupation..... **Sawyer**

11. Industry or business.....

12. Name..... **Nick Gerdel**

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

14. Maiden name..... **Minnie Lindenmann**

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

16. (a) Informant..... **Cora Gerdel**
(b) Address..... **4513 N. 19th St.**

17. (a) **Burial** (b) Date thereof..... **Jan. 16, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Zion Cemetery**

18. (a) Signature of funeral director..... **Wm. H. Raschke**

(b) Address..... **2825 N. Grand Blvd.**

19. (a) **JAN 14 1943** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **17**
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **4513 N. 19th St.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13th** year **1943** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Skull fracture, subdural hemorrhage of brain when he fell from a wagon loaded with lumber at the Wiley Chapman Lumber Co. 1234 So. Kingshighway**
Due to..... **Jan 1, 30 P.M. - Jan 12, 1943**

Other conditions (include pregnancy within 5 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **Accident**
(b) Date of occurrence..... **Jan 13, 1943**
(c) Where did injury occur?..... **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry

While at work..... (Specify type of place) (c) Means of injury..... **fell**

23. Signature..... **Thomas F. Callahan** (M.D. or other)
Address..... **Deputy Coroner** Date signed..... **1/14-43**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Albert G. Hoffer

Licensed Embalmer No.

2971

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.