

No. 2
-2.43
5-17-39
X35697

FILED MAR 20 1944
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2264

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes 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

3. (a) PRINT FULL NAME Carrie E. Gerdel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Oct. 13 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWORK

11. Industry or business _____

12. Name FERDINAND Scharnhorst

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

14. Maiden name MARIE

15. Birthplace St. Louis O
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gladys Marie Gerdel

(b) Address 2807 Dodier

17. (a) BURIAL (b) Date thereof MAR 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director Biederweck Funeral Home Inc.

(b) Address 1236 E. 1st Ave

19. (a) MAR 8 1944 (b) O. J. Biederweck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2807 DODIER
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1944 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 18, 1941, to March 6, 1944, that I last saw him alive on March 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction Duration 48 hrs

Due to Adhesions, post-operative 5 years

Due to _____

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

Major findings: Of operations _____

Of autopsy Gangrene, ileum, due to obstruction

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Anthony B. Day (M. D. or other) _____
Address 3720 Washington Date signed 3-6-44

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

MOTHER FATHER

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.