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8-43
7-39
X36671

FILED JUN 19 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5145

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4405 Strodtman Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4405 Strodtman Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

620
913

3. (a) PRINT FULL NAME Mathilde Gerhold

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 15
year 1944 hour 10 minute 35 P. M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Gerhold 6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Nov. 22nd, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3, 1943 to May 01, 1944
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76	6	9	hr. _____ min.
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Immediate cause of death Myocardial Infarction
Due to Pulmonary Old Disease
Due to _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Philip Drawe

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

14. Maiden name Henrietta Luedeking

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

Other conditions (Include pregnancy within 3 months of death) 92

16. (a) Informant Agnes Stuerman
(b) Address 4405 Strodtman

17. (a) Cremation (b) Date thereof 6-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 W. Grand Blvd.

19. (a) JUN 5 1944 (Date received local registration)
J. F. Bredbeck (Registrar's signature)

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)

(b) Means of injury _____

23. Signature W. H. White (M. D. or D. O.)
W. H. White Date signed 6-24-44

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

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.