V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23009

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6255

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 Paul Hospitals (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Louis
(c) City or town: Cross Keyes (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) N.R.
If yes, name country

3. (a) PRINT FULL NAME: Bernard A. Gerbes
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Wh
6. (a) Single, married, widowed, divorced: Widowed
6. (b) Name of husband or wife: Catherine
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 3 (Day) 1865 (Year)
8. AGE: Years 79 Months 3 Days 9 If less than one day hr. min.
9. Birthplace: Florissant (City, town or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John Gerbes
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anna Roste
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Fischer
(b) Address: Florissant Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Sacred Heart Cem. Florissant
18. (a) Signature of funeral director: Chas J. Stuart
(b) Address: 1235 Union Blvd
19. (a) JUL 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1944 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from 1933 to July 12 1944 that I last saw him alive on July 12 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	7/7/44
Due to: Cerebral Haemorrhage (Hemiplegia Rt)	
Due to: Arteriosclerosis	1933
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury: —
23. Signature: Ray Johnson (M. D. or other)
Address: Florissant Mo Date signed 6/12/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1947

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 G. W. Wilkinson

Licensed Embalmer No. 3505

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.