

Registration District No. _____ Primary Registration District No. 1003

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:
St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Gerber, Steven Charles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 19, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 0 Days 1 17 If less than one day, _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Edmond Gerber

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edith Swarne

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

16. (a) Informant Mrs. Edith Gerber

(b) Address 4142 Margaretta Ave.

17. (a) Cremation (b) Date thereof Dec. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 6 1945 (b) J. F. Boussek
(Date received local registrar) (Registrar's signature)

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. 4142 Margaretta Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
year 45 hour 3 minute 18 PM.

21. I hereby certify that I attended the deceased from 7 1944 to 1-5 1945
that I last saw him alive on 1-5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Ac. Necrotizing Enteritis

Due to _____

Due to _____

Other conditions 119
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Ac. Necrotizing Enteritis

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 _____

Signature K. J. Blatter (M. D. or other) _____
Address 508 S. Humphria Date signed _____

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

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed..... *John A. Melvin*

Licensed Embalmer No. *4185*

P. O. Address..... *St. Louis, Mo*

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.