

FILED NOV 31 1945

Registration District No. _____ Primary Registration District No. 1003

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. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Edna P. Gerhart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Gerhart

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 15, 1914
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 9
(If less than one day hr. min.)

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

10. Usual occupation At home

11. Industry or business _____

12. Name Rudolph Kaucher

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

14. Maiden name Mathilda Beesch

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

16. (a) Informant Frank Gerhart

(b) Address Route #4 Box 41 Baden Station, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 28 1945 (Date received local registrar) J. Beedick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Baden Station
(If outside city or town limits, write "RURAL")

(d) Street No. Route #4 Box 41
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 24, year 1945 hour 9:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 20 1945, to Oct 24 1945

that I last saw her alive on Oct 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant hypertension

Due to cardio renal vascular disease

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy as above

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) Mode 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 W.P. Hamilton (M. D. or other) M.D.

Address 8363 Falls Ferry Date signed Oct 25 45

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

17
9

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 Gustav W. Duteal

Licensed Embalmer No. 4329

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.