

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11153

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2822

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 5 Day
In this community 71 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles B. Gerlach
3. (b) If veteran, name war
3. (c) Social Security No. 492-07-0895

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 October 26 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 22 - hr. - min.

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

10. Usual occupation Laborer

11. Industry or business Plastering

MOTHER FATHER

12. Name Henry Gerlach

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Clara Uhlich

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Tillie C. Gerlach

(b) Address 1901 Laflin Ave.

17. (a) Burial (b) Date thereof March 20 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) MAR 19 1946 (Date received local registrar) J. F. Bredock (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. 3733 St. Ferdinand (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 17 year 1946 hour 6:35 minute P M.

21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis; Chronic Interstitial Nephritis.

Due to Due to Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

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? Means of injury: Signature Patrick E. Taylor (M.D. or other) Address 1300 Clark Date signed 9-46

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

10065

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.....

Max L. Wafel

Licensed Embalmer No. *4170*

P. O. Address. *5325 Staska St.*

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.