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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 14 1947**  
317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 11920  
Registrar's No. 80311

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 4/2/47  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 060  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 13  
(d) Street No. 110 N. Broadway (If rural, give location) 9  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEARHART, George P.

3. (b) If veteran, name war World I 3. (c) Social Security No. 491 14 9812

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nance Gearhart 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September 14 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 6 19 7 hr. 55 min.

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

10. Usual occupation Clerk

11. Industry or business Broderick & Bascomb Co.

12. Name Harryn Gerhart

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

14. Maiden name Catherine Jordan

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

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks 23, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly,

(b) Address St. Louis, Missouri

19. (a) APR 14 1947 (Date received local registrar) (b) Gene J. Shanno (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 3  
year 1947 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from 4/2/47  
\_\_\_\_\_, 19\_\_\_\_, to April 3, 1947;  
that I last saw him in alive on April 3, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS  
BILATERAL, FAR ADVANCED Duration UNK.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: No operation  
Of operations \_\_\_\_\_

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 8

23. Signature L. E. Shanno (M. D. or other) \_\_\_\_\_  
Address Vet. Adm. Hospital, Jeff. Bks. Date signed 4/3/47  
Missouri

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

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**