

No. 2  
-1/47  
17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2538  
Registrar's No. 235

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Christian Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **10 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Mo.** (b) County..... **San**  
(c) City or town..... **St. Louis,** 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4837 Lee Ave.** 9  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Emily Gerdel**  
3. (b) If veteran, name war..... **No**  
3. (c) Social Security No. .... **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... **Jan.** day **7th**  
year..... **1948** hour **2** minute **30** P.M.

4. Sex..... **Female** 5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Otto**  
6. (c) Age of husband or wife if alive..... **64** years  
7. Birth date of deceased..... **March 5th, 1885**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
19..... **Jan 7** 19..... **48**  
that I last saw him/her alive on..... **Jan 7** 19..... **48**  
and that death occurred on the date and hour stated above.  
Duration

8. AGE: Years Months Days If less than one day  
**62** **10** **2** hr. min.

Immediate cause of death.....  
**Abdominal Abscess**  
Due to..... **Appendicitis**  
**Parasitosis**  
Due to..... **12/1**  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace..... **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation..... **Housewife**

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business.....  
12. Name..... **Chas. Roth**  
13. Birthplace..... **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Amelia Farrell**  
15. Birthplace..... **St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Otto H. Gerdel (Husband)**  
(b) Address..... **4837 Lee Ave.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
Where did injury occur?..... (City or town) (County) (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place) 0  
While at work?..... (e) Means of injury.....  
23. Signature..... **Amey Roth** (M. D. or other)..... **M.D.**  
Address..... **1918 E. 2nd St.** Date signed.....

(Burial, cremation, or removal) (b) Date thereof..... **Jan 10th, 1948**  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... **Zions Cemetery**  
18. (a) Signature of funeral director..... **Kraeger-Voss, Inc.**  
(b) Address..... **3402 N. Kingshighway**  
19. (a)..... **JAN 9 1948** (Date received local registrar)  
..... **J. F. Bradock** (Registrar's signature)

WRITE PLAINLY—USING 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.....

*John S. Demmeby*

Licensed Embalmer No..... *4194*.....

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.