No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3486

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 23

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Sappington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 14 Sappington Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Sappington 0
(If outside city or town limits, write "RURAL")
(d) Street No. 14 Sappington Lane 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Adeline Gerber
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Andrew Gerber
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased January 28th 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Jasper, Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER
12. Name Guenther
13. Birthplace Jasper Indiana
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace not known not known
(City, town, or county) (State or foreign country)
16. (a) Informant Florence Jandes
(b) Address 14 Sappington Lane Sappington
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Jasper, Indiana
18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) 1-3-48 (Date received local registrar) (b) Carl A J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1948 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from Mar 4, 1947 to Jan. 5, 1948; that I last saw her alive on Jan 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	4 years
Due to arteriosclerosis	5 years
Due to 93d	
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	1 year

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

PHYSICIAN
Underline the cause of 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) 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature M. R. Wilucki (M. D. or other) MD
Address 8301 Gravois Date signed 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.