. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10196
Registrar's No. 2985

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3965 ASHLAND AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 32 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3965 ASHLAND AVE.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HILDA GERHARDT
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ADAM GERHARDT
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased MAY (Month) 2 (Day) 1882 (Year)

8. AGE: Years 65 Months 10 Days 23 If less than one day hr. min.
9. Birthplace FLORAVILLE (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER
12. Name CHRISTIAN LINDAUER
13. Birthplace UNK (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name " HORN
15. Birthplace " (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant ROLAND GERHARDT
(b) Address 3965 ASHLAND AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/29/48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MOTOR FLORAVILLE, ILLINOIS
18. (a) Signature of funeral director SUEDMEYER & SONS
(b) Address 3934 N. 20 ST.
19. (a) MAR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25
year 1948 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from March 24 1948 to March 25 1948
that I last saw her alive on March 25 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3-1-47
Due to Bronchial Asthma	3-1-46
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)
While at work (Means of injury)
23. Signature [signature] (M. D. or other) M.D.
Address 3802 N. Grand Pl. Date signed 3-26-48

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 Neville B. Grohwitter

Licensed Embalmer No. 3696.

P. O. Address 3934 N. 20th 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.