

10-47
17-30
3908

FILED SEP 7 1948
Registration District No. 317

Primary Registration District No. 3065

Registrar's No. 1538

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

1. PLACE OF DEATH:

(a) County Glendale St Louis

(b) City or town _____

(c) Name of hospital or institution: 945 Beverly Ave.,
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry J. Gerling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vinnie Adams Gerling

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 28, 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation Elevator

11. Industry or business _____

12. Name Frank Gerling

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

14. Maiden name Pauline Weiskittel
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Vinnie Gerling

(b) Address 945 Beverly Ave.,

17. (a) Entombment Oak Grove Mausoleum
(Burial, cremation, or removal) (City or town) (County) (State)

(b) Date thereof 8-5-48
(Month) (Day) (Year)

(c) Place: burial or cremation Southern Funeral Home

18. (a) Signature of funeral director 6322 S. Grand Blvd., St. Louis, Mo.

(b) Address _____

19. (a) 8/17/48 (b) Cecil O. Sharpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Glendale ii
(If outside city or town limits, write "RURAL")

(d) Street No. 945 Beverly Ave., 1
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 22, 1947, to JULY 23, 1948
that I last saw him alive on JULY - 23 -, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY - THROMBOSIS Duration 20 min.

Due to ARTERIO-SCLEROSIS 948 Duration 10 yrs.

Due to _____

Other conditions ANGINA - PECTORIS 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (Means of injury)

Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 8/12/48

Dr.
a.f.
Lofgreen
300 on Taylor
Ki 532

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

J. Wm. Binkley

Licensed Embalmer No.

3653

P. O. Address

St Louis, Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept
Registrar's No. 1938

Registration District No. 317

Primary Registration District No. 306J-

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town St. Louis
(If outside city & town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Henry J. Gehring
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 28
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Electrician

11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. _____
Duration _____
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

28438