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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 12 1948 318

381
STANDARD CERTIFICATE OF DEATH
1003

34157
State File No. 9588
Registrar's No.

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 Hr.
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME..... Charles S. Gerber
3. (b) If veteran, name war..... no
3. (c) Social Security No. 493-09-0107

4. Sex..... Male 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... 3
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Oct 2 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 29
hr. min.

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

10. Usual occupation..... Timekeeper

11. Industry or business.....

MOTHER FATHER

12. Name..... Ignatius Gerber

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

14. Maiden name..... Elizabeth Blas

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

16. (a) Informant..... Miss Carrie Gerber

(b) Address..... 3889 Mc Donald

17. (a) Burial (b) Date thereof..... 11/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Oscar J. Hoffmeister
(b) Address..... 4016 Chippewa

19. (a) NOV 4 1948 (b) J. B. Sarata
(Date received local registrar) (Registrar's signature)

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. 3889 Mc Donald
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes; name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... NOV day..... 1
year..... 1948 hour..... 9 minute..... 10 P.M.
21. I hereby certify that I attended the deceased from..... Oct 5
..... 1948, to..... NOV 1, 1948
that I last saw him alive on..... NOV 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary thrombosis
Due to..... ch. myo cardit
Due to..... small arteries scler

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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..... S. A. Vogel (M. D. or other.....)
Address..... 3325 S. Ard Date signed..... 11-3-48

Duration
24h.
2 yrs.
2 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

mil

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 Clayton W. Dethle

Licensed Embalmer No. 4329

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.