

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32439

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2097</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Saint Louis</u>				a. STATE <u>Missouri</u> b. COUNTY <u>none</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>			
c. LENGTH OF STAY (in this place) _____				d. STREET ADDRESS (If rural, give location) <u>3905 Utah Place</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Mary's Hospital</u>							
3. NAME OF DECEASED		a. (First) <u>Lawrence</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Gerber</u>	
(Type or Print)						4. DATE OF DEATH (Month) (Day) (Year) <u>August 30 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 8, 1876</u>	
9. AGE (to years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days <u>22</u>		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR IN- <u>Maschmeyer Richards Silver Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Ignatius Gerber</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>			14. NAME OF HUSBAND OR WIFE <u>Hazel Ziegler Lawrence</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>488-09-5265</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. L. L. Lawrence, 3905 Utah Place</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>					<u>1 1/2 months</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					<u>163X</u>
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? <u>163X</u>
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 12, 1949</u> to <u>8-30-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-30-49</u> , 19 <u>49</u> , and that death occurred at <u>10:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James C. Brubaker</u> (Degree or title) <u>M.D. U</u>				23b. ADDRESS <u>4660 Maryland</u>		23c. DATE SIGNED <u>9/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-2-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Rabon, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

16-B

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ernest W. Spillars

Licensed Embalmer No. 14080

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.