

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24431

No. 300  
10-48

FILED AUG 15 1950

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 141			
1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WARREN</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. CHARLES</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) _____ c. (Last) <b>GERDING</b>			4. DATE OF DEATH <b>AUG. 8, 1950</b> (Month) (Day) (Year)		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		
7. <del>MARRIED</del> NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <b>MAR. 9, 1877</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 2 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM OWNER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>WARREN Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>HENRY GERDING</b>			13b. MOTHER'S MAIDEN NAME <b>Friedricha Swertz</b>		14. NAME OF HUSBAND OR WIFE <b>never married</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>OTTO GERDING</b>		ADDRESS <b>WARRENTON, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic cirrhosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypoproteinemia severe.</b>		DUE TO (c) <b>Ulcer left leg severe.</b>		6 mo.		many years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Ascites, severe (total 17,000 cc.)</b>						6 mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		5810			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <b>7-26, 1950</b> , to <b>8-8, 1950</b> , that I last saw the deceased alive on <b>8-7, 1950</b> , and that death occurred at <b>10:11 AM.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Russell Glider, M.D.</b> (Degree or title)				23b. ADDRESS <b>St. Charles, Mo.</b>		23c. DATE SIGNED <b>8-8-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Aug. 10, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WARRENTON, MO.</b>			
DATE REC'D BY LOCAL REG. <b>8/10/50</b>		REGISTRAR'S SIGNATURE <b>Fannie Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Neiburg &amp; Co.</b>		ADDRESS <b>Warrenton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE NO. 4

AUG 12 1950

RECEIVED

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.....

*John Shelling*

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.