

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10116

State File No. ....

2230

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS - Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place)		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ANTHONY'S Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>3517 S. SHENANDOAH</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LAWRENCE J.</b>	b. (Middle)	c. (Last) <b>GERBER</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>MAR. 8 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 5 1896</b>	9. AGE (In years last birthday) <b>54</b>	If UNDER 1 YEAR Months   Days	If UNDER 2 wks. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WESTERN SUPPLY</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOSEPH GERBER</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA KRAISANT</b>	14. NAME OF HUSBAND OR WIFE (deceased) <b>THEKLA GERBER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>493-07-3091</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DOROTHY GERBER</b>	ADDRESS <b>3517 S. SHENANDOAH</b>
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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, asphyxia, etc.* It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction - Cholelithiasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis - Heart Failure</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Mar-3-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Myocardial Infarction, Cholelithiasis</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <b>5H01</b>
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22. I hereby certify that I attended the deceased from **Mar 2, 1951** to **Mar - 8, 1951**, that I last saw the deceased alive on **Mar - 8, 1951**, and that death occurred at **8:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas Rutledge M.D.</b> (Degree or title)	23b. ADDRESS <b>2201 S. 80th Street</b>	23c. DATE SIGNED <b>3-9-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 12 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>MAR 10 1951</b>	REGISTRAR'S SIGNATURE <b>L. B. Broun</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Rutledge</b>	ADDRESS <b>2906 Beavercreek</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1933

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Leop. Buddle*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3989*

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.