

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39030

FILED DEC 13 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10484**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves, Mo.	
c. LENGTH OF STAY (In this place) 4 Weeks		d. STREET ADDRESS (If rural, give location) 613 Oakwood Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) W. O.	c. (Last) Gerdel	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1951.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 14, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Tool Machine Des.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John W. Gerdel	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. Kenneth Gerdel, 613 Oakwood Ave.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b) Generalized Atherosclerosis	
		DUE TO (c) Atherosclerosis Obliterans	

19a. DATE OF OPERATION 10/27+11/16/51	19b. MAJOR FINDINGS OF OPERATION Atherosclerosis Obliterans	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)
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? HSTO

22. I hereby certify that I attended the deceased from **10/19**, 19**51**, to **11/23**, 19**51**, that I last saw the deceased alive on **11/23**, 19**51**, and that death occurred at **9:55 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles C. Drace, M.D. (Degree or title)	23b. ADDRESS 198 Lockwood	23c. DATE SIGNED 11/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11/26/1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) Wellston, Missouri
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DATE REC'D BY LOCAL REG. NOV 26 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.	ADDRESS 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

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working under my personal supervision.

Student
Student Embalmer

Signed *Glen W. Hart*
Student Embalmer No. _____

Licensed Embalmer No. *3737*

P. O. Address *St. Louis, Missouri*

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.