

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9981**
Registrar's No. **2601**

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4060 ALMA</u> | | d. STREET ADDRESS (If rural, give location) <u>4060 ALMA</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> | | b. (Middle) <u>C.</u> | |
| c. (Last) <u>GERFEN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16 1952</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>FEB. 22 1878</u> |
| 9. AGE (In years last birthday) <u>74</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 18 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN SHOP</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>GERMANY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>HENRY GERFEN</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>MINNIE GERFEN</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred H Gerfen</u> ADDRESS <u>4060 ALMA ST. LOUIS MO</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Anteroseclerotic heart disease</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anteroseclerotic heart disease</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. | | INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Emphysema</u> | | 6-8 yrs | |
| 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) <u>4700</u> | |
| 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 <u>1950</u> , 19 <u> </u> , to <u>3/16/52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3/14/52</u> , 19 <u> </u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Walter J. Yebo</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>16 Hampton Village Plaza</u> | |
| 23c. DATE SIGNED <u>3/16/52</u> | | 24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Reburied</u> | |
| 24b. DATE <u>MAR. 19-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>TROY ILLINOIS</u> | | DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | |
| FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. Edwards</u> ADDRESS <u>Troy Illinois</u> | | (Licensed Embalmer's Statement on Reverse Side) | |

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

Jewel S. Edwards

Licensed Embalmer No. 3548

P. O. Address Irving, Illinois

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.