

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3128**  
**0456**  
Registrar's No. ....

FILED FEB 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b> c. LENGTH OF STAY (in this place or township) <b>one mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b> <b>4346</b> d. STREET ADDRESS (If rural, give location) <b>7101 Cambridge Avenue</b>	
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3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>FREDERICK</b> c. (Last) <b>GERST, JR.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 13, 1953</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>NOV. 6 1898</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gerst Brothers Mfg. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Frederick Gerst</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Tegethoff</b>	14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>493-01-5115</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John F. Gerst, 7101 Cambridge Avenue</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>21 "</b> <b>1 year</b> <b>15 "</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure - pulmonary edema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Postoperative Genito-urinary infection</b> DUE TO (c) <b>Prostatitis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatic carditis</b>			

19a. DATE OF OPERATION <b>12-17-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Prostatic hypertrophy</b>	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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>610X</b>
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22. I hereby certify that I attended the deceased from **1940**, 19\_\_\_, to **Jan 13**, 19**53**, that I last saw the deceased alive on **Jan 13**, 19**53**, and that death occurred at **5:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>5427 Delmar Blvd</b>	23c. DATE SIGNED <b>1-15-53.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-16-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JAN 15 1953</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robert Bassett  
5427 Delmar Bl'vd.  
FO-0392

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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 Clarence A. Murray

Licensed Embalmer No. 4011

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.