

JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4289

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>0133</u>	
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) OR TOWN <u>CREVE COEUR</u>		c. LENGTH OF STAY (in this place) <u>185 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CREVE COEUR</u>		73	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EMERSON AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>EMERSON AVE.</u> 4400			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMELIA</u>		b. (Middle) <u>-</u>		c. (Last) <u>GERHARDT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13, 1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAR 15, 1867</u>	
9. AGE (in years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEWING</u>		11. BIRTHPLACE (State or foreign country) <u>CREVE COEUR, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>JOHN FRANK</u>			
13b. MOTHER'S MAIDEN NAME <u>WILHELMINA THIEMAN</u>				14. NAME OF HUSBAND OR WIFE <u>PHILIP DCD.</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>Edna J. Smith 3 Tealwood</u>			
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) <u>Congestive Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis, Hepatitis</u>				INTERVAL BETWEEN ONSET AND DEATH			
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Creve Coeur, St. Louis Co., Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Creve Coeur, St. Louis Co., Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>5</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4221</u>					
22. I hereby certify that I attended the deceased from <u>Dec. 1, 1952</u> to <u>Jan 13, 1953</u> , that I last saw the deceased alive on <u>Dec. 1, 1952</u> , and that death occurred at <u>Mo.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William H. Seibert, D.O.</u>				23b. ADDRESS <u>Olive St. Road, Creve Coeur, Mo.</u>		23c. DATE SIGNED <u>1/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Monica Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-53</u>		REGISTRAR'S SIGNATURE <u>Hackett R. Goud</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William H. Seibert</u> ADDRESS <u>2501 Woodson Rd - Overland, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 345

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.