

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4290**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>0103</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lamay</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>New Baden</b> <b>8120</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9353 So. Broadway</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Rose</b>		b. (Middle) <b>Reiss</b>		c. (Last) <b>Gerstmer</b>	
4. DATE OF DEATH		(Month) <b>Jan.</b>		(Day) <b>11,</b>		(Year) <b>1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 4, 1877</b>	
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>75</b>		IF UNDER 1 YEAR Days <b>75</b>		IF UNDER 1 YEAR Hours <b>75</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b> <b>4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Phillip Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Mueller</b>		14. NAME OF HUSBAND OR WIFE <b>Stephen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose Neudeck, 5405a Louisiana</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>11 hrs.</b> <b>?</b> <b>?</b> <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</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) <b>St. Louis</b>		21d. (COUNTY) <b>Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second)		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 <b>Dec 29, 1952</b> , to <b>Jan 11, 1953</b> , that I last saw the deceased alive on <b>Jan 5, 1953</b> , and that death occurred at <b>7:50 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Max Starkloff MD</b>		(Degree or title)		23b. ADDRESS <b>512 Dewey Place</b>		23c. DATE SIGNED <b>1/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-12-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. George's</b>		24d. LOCATION (City, town, or county) (State) <b>New Baden, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>1-12-53</b>		REGISTRAR'S SIGNATURE <b>Albert H. Hoppe</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd</b>	

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Fred J. Farmer*

Licensed Embalmer No. 4788

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.