

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11591

State File No.

FILED MAR 24 1953

Registrar's No. 2475

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

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>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs & 6 days</u>		d. STREET ADDRESS (If rural, give location) <u>15 4463 Beck</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u>	b. (Middle)	c. (Last) <u>GERNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 1953</u>
---	-------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JAN-14-1957</u>	9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------------	-------------------------------	---	-------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	--

13a. FATHER'S NAME <u>FRED SCHULTZ</u>	13b. MOTHER'S MAIDEN NAME <u>JOHANNA TIMPNER</u>	14. NAME OF WIDOW OR WIFE <u>Widow of Carl Gerner</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary- 5800 Arsenal St.</u>	ADDRESS
---	-------------------------	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Yrs</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>			<u>Yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	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? <u>4200</u>
--	--	--

22. I hereby certify that I attended the deceased from 2/28, 1950, to 3/4, 1953, that I last saw the deceased alive on 3/4, 1953, and that death occurred at 7:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George Esker M.D.</u>	23b. ADDRESS <u>5600 Arsenal St.</u>	23c. DATE SIGNED <u>3/4/53</u>
---	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>MAR 5 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>	ADDRESS <u>3125 Lafayette</u>
--	--	--	-------------------------------

SP (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 _____

Licensed Embalmer No. 1014

P. O. Address St. James 4100

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.