

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 37207

9640

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5548 Riverview</u>			d. STREET ADDRESS (If rural, give location) <u>7 5548 Riverview Bl.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>A.</u> c. (Last) <u>Gerold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1953</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>Apr. 27 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUDITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motion Picture</u>	11. BIRTHPLACE (State or foreign country) <u>CINCINNATI, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Gerold</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Amburster</u>		14. NAME OF HUSBAND OR WIFE <u>Irene A. Gerold</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, & unknown) (If yes, give year or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>304-24-5262</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. Gerold</u> ADDRESS <u>5548 Riverview</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary</u> DUE TO (c) <u>HTC</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Aortitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>years</u> <u>2 1/2 yrs</u> <u>years</u>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>6/29, 1953</u> to <u>10/7, 1953</u> that I last saw the deceased alive on <u>10/6, 1953</u> and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>George J. Nerhan M.D.</u>		23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>10/8/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>OCT 9 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McIntosh Funeral Home 5541 Riverview Bl.</u>			

(Licensed Embalmer's Statement on Reverse Side)

CREATION (G.E.S.)

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

Albert Mayfield

Licensed Embalmer No.

307

P. O. Address

St. Louis

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.

-37207

JEPPERSON 8737

DR. GEORGE TRACY MEHAN

SUITE 413-417 - WALL BUILDING

3903 OLIVE STREET

SAINT LOUIS, MO.

Certificate # 9640

November 16, 1953

J. Earl Smith, M.D.
Health Commissioner
Municipal Courts Bldg.
St. Louis 3, Missouri

Dear Dr. Smith:

This patient was never treated by me for TB. Only the history of same was obtained and found to exist in a more or less healed state when an X-ray of the chest was made.

I understand TB was diagnosed in the year 1932 for which he remained bed-ridden under treatment.

I trust this satisfies the request.

Sincerely,



GEORGE T. MEHAN, M.D.

changed this code # to 4201

GTM:ha

See 37207