

No. 300
10-28

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14410**

FILED MAY 19 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **947** Registrar's No. **968**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN West Alton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) RURAL	

3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) Louis c. (Last) Gerber	4. DATE OF DEATH (Month) (Day) (Year) 4 - 23 - 1954
---	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8 - 25 - 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Entertainer	10b. KIND OF BUSINESS OR INDUSTRY Entertainment	11. BIRTHPLACE (City and State or Foreign Country) Virginia	12. CITIZENSHIP OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME Milton Gerber	13b. MOTHER'S MAIDEN NAME Elizabeth unknown	14. NAME OF HUSBAND OR WIFE Ruth Terre Gerber
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 301-058-752	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth T. Gerber, West Alton, Mo.
--	--	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Dis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia			

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from April 18, 1954, to 4/23, 1954, that I last saw the deceased alive on 4/23/54, 19____, and that death occurred at 1 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William C. Keefe, Jr.	23b. ADDRESS 4161 Lendale	23c. DATE SIGNED 4/24/54
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/26/54	24c. NAME OF CEMETERY OR CREMATORY Christ Lutheran Cem.	24d. LOCATION (City, town, or county) (State) Augusta, Missouri
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. 4/26/54	REGISTRAR'S SIGNATURE Wesley S. Amick	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. A. Knight, Jr.
4161 Lindell
Sat. 10:30-2

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.....
Signature of Student Embalmer

Signed... *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.