

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28662**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **177**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Saint Charles</b>		c. LENGTH OF STAY (In this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Saint Charles</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Colonial Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>522 Madison</b>		09230	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>	b. (Middle) <b>G.</b>	c. (Last) <b>Gerling</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 23, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 18, 1869</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Charles, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Gerling</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Goetges</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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. Phillip Smith</b>	ADDRESS <b>Saint Charles, Mo</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		<b>1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		<b>Undet.</b>
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 2, 1952** to **Aug. 23, 1954**, that I last saw the deceased alive on **Aug. 21, 1954**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>LR M. J. Jentz</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>Aug. 25, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 26, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saint Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>August 25 1954</b>	REGISTRAR'S SIGNATURE <b>Hannie H. H. H.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. D. Hallenbeck</b>	ADDRESS <b>St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Frank R. Amalson*  
.....

Licensed Embalmer No. *48*

P. O. Address *St. Charles*

**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.