No. 300
10.48

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

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31811

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8225

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS MO
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BETHESDA HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS. 29 0
d. STREET ADDRESS (If rural, give location): 3644 A. MONTANA

3. NAME OF DECEASED (Type or Print): a. (First) ALVINA b. (Middle) c. (Last) GERBER
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 6. 1954
5. SEX: F 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 30 1895
9. AGE (In years last birthday): 59 — If under 1 year: Months 7, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): LACLEDE TOWNSHIP ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: JULIUS WODTKE
13b. MOTHER'S MAIDEN NAME: ? NIEHAUS
14. NAME OF HUSBAND OR WIFE: EUGENE GERBER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: EUGENE GERBER — ADDRESS: 3644 MONTANA.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Nov 1953.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of pancreas — same

DUE TO (c)

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 157 x

22. *I hereby certify that I attended the deceased from* 11/9, 1953, *to* 9/6, 1954, *that I last saw the deceased alive on* 9/5, 1954, *and that death occurred at* 6.45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W. Parker (Degree or title) MD.
23b. ADDRESS: 4660 Maryland St Louis Mo
23c. DATE SIGNED: 9/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-7-54
24c. NAME OF CEMETERY OR CREMATORY: FARINA CEMETERY
24d. LOCATION (City, town, or county) (State): ST. PETERS ILLINOIS.

DATE REC'D BY LOCAL REG. SEP 7 1954
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Wm Schumacher — ADDRESS: 3013 Meramec St Louis 18 Mo
(Licensed Embalmer's Statement on Reverse Side)

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 Jack Harept

Licensed Embalmer No. 4746

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.