

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35382  
8957  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 11 months		e. STREET ADDRESS (If rural, give location) 14 3414 Tedmar 2149/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3414 Tedmar			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Gerhardt		4. DATE OF DEATH (Month) (Day) (Year) October 1, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 7, 1898
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois
10b. KIND OF BUSINESS OR INDUSTRY Coffee Industry		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Philip Gerhardt	13b. MOTHER'S MAIDEN NAME Anna Wedel	14. NAME OF HUSBAND OR WIFE Alfrieda H. Gerhardt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 489-28-6241	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. A. Gerhardt, 3414 Tedmar

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) Cerebral Hemorrhage		1 day
	ANTECEDENT CAUSES Paralysis nephritis - Chronic		1 year
	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.		

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) 3314
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?

22. I hereby certify that I attended the deceased from Apr 1953, to Oct 1, 1954, that I last saw the deceased ~~Oct 1, 1954~~ 1954, and that death occurred at 1:45pm., from the causes and on the date stated above.

23a. SIGNATURE Paul Vinyard	(Degree or title)	23b. ADDRESS 3718 A Olive St St. Louis	23c. DATE SIGNED 10-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Oct. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY, LOCAL REG. OCT 4 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary, Chippewa	ADDRESS 6464
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Paul Vinyard,  
3718a Olive

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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 *Leinn C. Hoffmeister*.....

Licensed Embalmer No. *387*

P. O. Address *7814 S. Ave*

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.