

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9608**
Registrar's No. **2930**

No. 300
10-48

FILED APR 11 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY ST LOUIS, MO.	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS, MO	c. LENGTH OF STAY (in this place)	a. STATE MO b. COUNTY
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL		c. CITY OR TOWN ST LOUIS	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) 5317 HAMILTON AVE.	

3. NAME OF DECEASED (Type or Print)	a. (Last) GERDES,	b. (Middle) EDWARD	c. (First) WILLIAM	4. DATE OF DEATH (Month) (Day) (Year) MARCH 30 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 28, 1903	9. AGE (In years last birthday) 51 # UNDER 1 YEAR # UNDER 1 MONTH # UNDER 1 HOUR # UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOSTLER HELPER	10b. KIND OF BUSINESS OR INDUSTRY MANUFACTURERS RR	11. BIRTHPLACE (City and State or Foreign Country) Pinckneyville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY GERDES	13b. MOTHER'S MAIDEN NAME KATHERINE MORGENSTERN	14. NAME OF HUSBAND OR WIFE VIRGINIA D. GERDES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME VIRGINIA D. GERDES	ADDRESS 5317 HAMILTON AVE. 20
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
	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.			

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)
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? 33IX

22. I hereby certify that I attended the deceased from March 29, 1955, to March 30, 1955, that I last saw the deceased alive on March 30, 1955, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <i>[Signature]</i>	23b. ADDRESS Mo. Pacific Corp.	23c. DATE SIGNED 3-31-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-4-55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. MAR 31 1955	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FRUTZ	ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo.
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S.P. (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.....
Signature of Student Embalmer

Signed..... *Ralph C. Lindeman*

Licensed Embalmer No... *427*

P. O. Address... *St. Louis*

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.