

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

20050

State File No.

FILED JUN 30 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5173

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 Days		c. CITY OR TOWN Maplewood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 2519 Bellevue					
3. NAME OF DECEASED (Type or Print) Rosetta Mae Gerber			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) June 13th 1955									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 13th 1874		9. AGE (In years last birthday) 81	
						If UNDER 1 YEAR Months 4		If UNDER 4 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10b. KIND OF BUSINESS OR INDUSTRY Public Schools			11. BIRTHPLACE (City and State or Foreign Country) Hematite, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Gerber			13b. MOTHER'S MAIDEN NAME Sara E. Cooper			14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME Self- Sally Stuart			ADDRESS Above		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 15 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Thrombosis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE no (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Maplewood		(COUNTY) St. Louis		(STATE) Missouri	
21d. TIME OF INJURY no (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? 332X					
22. I hereby certify that I attended the deceased from 1946, 19, to June 13th 1955, that I last saw the deceased alive on 13 June 1955, and that death occurred at 5:00 A. m., from the causes and on the date stated above.									
23a. SIGNATURE John Bowen				(Degree or title) M.D.		23b. ADDRESS Maplewood Mo		23c. DATE SIGNED 6/13/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-15-55		24c. NAME OF CEMETERY OR CREMATORY Hematite Christian Cem.		24d. LOCATION (City, town, or county) Hematite, Missouri		(State)	
DATE REC'D BY LOCAL REG. JUN 15 1955		REGISTRAR'S SIGNATURE Charles Smith Mo			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. E. Burgess*.....

Licensed Embalmer No. *40*.....

P. O. Address *Maple*.....

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.