

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026977

STATE FILE NUMBER

7003

FILED JUL 24 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		Length of stay in lb <b>2 1/59</b>	d. STREET ADDRESS (If outside, give location) <b>4380 Nebraska</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>OTTO C. GERHARDT</b>			4. DATE OF DEATH Month Day Year <b>JULY 13, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 2, 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Heating Engineer</b>		10b. KIND OF BUSINESS OR <b>Surface Combustion Mill Corp.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Peter Gerhardt</b>	
13b. MOTHER'S MAIDEN NAME <b>Castina Weddel</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Gerhardt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>Yes</b> or unknown) (If yes, give war or dates of service) <b>1st. W. War</b>		16. SOCIAL SECURITY NO. <b>494-05-4943</b>	17. INFORMANT Address <b>Minnie Gerhardt 4340 Nebraska</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>30 June 58</b> to <b>13 July 58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>12 July 58</b> Death occurred at <b>7:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John C. McLann M.D.</b> (Degree or title)		22b. ADDRESS <b>4401 HAMPTON</b>	22c. DATE SIGNED <b>14 July 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>July 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>
24. FUNERAL DIRECTOR <b>Schumacher's 3013 Meramec St.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 15 58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

108

101  
of Iowa  
4380 Nebraska

101  
of Iowa  
4380 Nebraska

White Male  
Surgical Commission, Ill.  
U.S.A.  
Lillian Gerhardt  
Lillian Gerhardt  
Lillian Gerhardt  
Lillian Gerhardt

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 *Stanley F. Dixon*  
Licensed Embalmer No. *4193*  
P. O. Address *St. L.*

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.

to be returned to the Board of Health