

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010941

STATE FILE NUMBER

2-1735

Registration District No. _____ Primary Registration District No. _____ Registrar 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

3. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR TOWN St. Louis Yes No

4. CITY OR TOWN Inside Limits
Kirkwood 4727 Yes No

5. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
HOSPITAL OR INSTITUTION Lutheran Hospital 2 days

6. STREET ADDRESS (If outside, give location) Reside on Farm
908 N. Ballas Rd. Yes No

7. NAME OF DECEASED First Middle Last
(Type or print) HENRY WILLIAM GERLACH

8. DATE OF DEATH Month Day Year
Feb. 17, 1959

9. SEX Male Female
10. COLOR OR RACE White

11. MARRIED NEVER MARRIED
12. WIDOWED **13. DIVORCED**

14. DATE OF BIRTH Dec. 20, 1898

15. AGE (In years) 60 **16. FUNDER 1 YEAR** Months Days **17. IF UNDER 24 HRS.** Hours Min.

18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter

19. KIND OF BUSINESS OR INDUSTRY Kroger Co.

20. BIRTHPLACE (City and state or country) Webster Groves, Mo.

21. CITIZEN OF WHAT COUNTRY? USA

22. FATHER'S NAME Conrad Gerlach **23. MOTHER'S MAIDEN NAME** Unknown **24. NAME OF HUSBAND OR WIFE** Agnes Gerlach

25. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

26. SOCIAL SECURITY NO. 497-07-5241 **27. INFORMANT** Mrs. Agnes Gerlach Address 908 N. Ballas Rd. Kirkwood, Mo.

28. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-sclerotic myocarditis
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

29. INTERVAL BETWEEN ONSET AND DEATH. 30 hrs

30. WAS AUTOPSY PERFORMED? YES NO

31. ACCIDENT SUICIDE HOMICIDE

32. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

33. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

34. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

35. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. CITY, TOWN, OR LOCATION COUNTY STATE

37. I attended the deceased from 8-55 to 2/17/59 and last saw him alive on 2/16/59.
Death occurred at 5:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

38. SIGNATURE (Degree or title) [Signature] **39. ADDRESS** 5203 Chappin **40. DATE SIGNED** 2/19/59

41. BURIAL, CREMATION, REMOVAL (Specify) Removal **42. DATE** 2/20/59 **43. NAME OF CEMETERY OR CREMATORY** Elmlawn Cemetery **44. LOCATION** (City, town, or country) (State) St. Louis County, Mo.

45. FUNERAL DIRECTOR ADDRESS Louis H Bopp Inc. Kirkwood **46. DATE RECD. BY LOCAL REG.** FEB 18 '59 **47. REGISTRAR'S SIGNATURE** Carl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Francis J. Magharity*

Licensed Embalmer No. *4572*

P. O. Address *Richmond, Va.*

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.