

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004332

ENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. LOUIS</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u>	a. STATE <u>Mo</u>	b. COUNTY <u>ST. LOUIS</u>
Length of stay in 1b <u>HRS.</u>		c. CITY OR TOWN <u>WOODSON TERRACE</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>3728 MARVIN AVE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Cora</u>	Middle	Last <u>Gerdel</u>	Month <u>1</u>	Day <u>6</u>	Year <u>1960</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 5, 1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>UNKNOWN KLOSTERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM GERDEL</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MR ARTHUR HEINRICHS 4919c PALM ST</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Arrival fibrillation</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Heart block</u>	
DUE TO (c) <u>Hypertensive cardiovascular disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 1-5-1960 to 1-6-1960 and last saw her him alive on 1-6-1960
Death occurred at 1:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John B. Murphy M.D.</u>	22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>	22c. DATE SIGNED <u>1-6-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>
23d. LOCATION (City, town, or county) <u>ST LOUIS CO., MO.</u>		(State)

24. FUNERAL DIRECTOR <u>COLVIN FEITZ 4828 NATH BRIDGE</u>	25. DATE RECD./BY LOCAL REG. <u>1-6-60</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph E. Linder

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.