

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**10252-62-040234**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10252**

**FILED NOV 13 1962**

VS 300  
Rev. 4/59

1

2 **40063**

3 **2**

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12 **81-3**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE		b. CITY OR TOWN		c. INSIDE LIMITS		d. STREET ADDRESS		3. DATE OF DEATH		4. MONTH		5. DAY		6. YEAR	
St. Louis		St. Louis			Missouri		University City		7379 Pershing		7379 Pershing Ave.		Oct.		26,		1962			
7. NAME OF DECEASED (Type or print)		8. SEX		9. COLOR OR RACE		10. Married		11. DATE OF BIRTH		12. AGE (last birthday)		13. IF UNDER 1 YEAR		14. IF UNDER 24 HOURS		15. IF UNDER 24 MIN.				
H. Morgan Gerken		male		white		<input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		4-15-1892		70		Months		Days		Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY								
Safety Director Laclede Gas Company				St. Louis Missouri				U.S.A.												
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE												
C.H. Gerken				Emma Morgan				Christine Gerken												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address								
no				yes				Mrs. Christine Gerken				7379 Pershing								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)																				
PART I. DEATH WAS CAUSED BY:																				
IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>																				
DUE TO (b) <i>Arterio Sclerosis</i>																				
DUE TO (c) <i>4201</i>																				
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 type="checkbox"/> No <input type="checkbox"/> Unknown																				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)												
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>														
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 _____ to _____ and last saw her/him alive on _____																				
Death occurred at <i>200 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																				
22a. SIGNATURE (Degree or title)								22b. ADDRESS				22c. DATE SIGNED								
<i>Nelson L Taylor, Coroner</i>								<i>1300 Clark Ave.</i>				<i>10-26-62</i>								
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)												
Cremation		10-27-1962		Valhalla Crematory				St. Louis County Missouri.												
24. FUNERAL DIRECTOR				ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE										
Lupton Chapel Inc.				7233 Delmar Blv				d. OCT 26 1962		<i>Loed Smith, M.D.</i>										

USE BLACK INK OR TYPEWRITER RIBBON

81

Gerken  
City Vise.

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.