

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003 10832

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMEND FILE Registration District No. NOV 26 1962 318 Primary Registration District 1003 Registrar's No. 10832

VS 300  
Rev. 4/59

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4006-381

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

64  
 Duplicated - same as cerebral degeneration DOCUMENT BY AFFIDAVIT OF

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 admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
St. Louis		St. Louis				Missouri		St. Louis		University City		Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
Jewish Hospital				Yes <input type="checkbox"/> No <input type="checkbox"/>		7732 Delmar Blvd.				Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print)						First		Middle		Last		4. DATE OF DEATH Month Day Year					
CHARLES GERBER												NOVEMBER 11th 1962					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR					
Male		White				Abt. 74				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					
Retired				Grocery				Poland				U.S.A.					
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE					
UNKNOWN						UNKNOWN						ROSE GERBER					
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									
UNK.				UNK.				Mrs. Rose Gerber 7732 Delmar Blvd.									
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)												6 MO.					
DUE TO (b)																	
DUE TO (c)												355x					
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.							
BRONCHO PNEUMONIA										<input type="checkbox"/> Yes <input 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.)									
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 <u>FEB 15, 1956</u> to <u>NOV. 11, 1962</u> and last saw him alive on <u>NOV 10, 1962</u> Death occurred at <u>130 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <i>Roald Edman M.D.</i>						(Degree or title)		22b. ADDRESS <u>100 N. MEROME, CLAYTON, MO</u>				22c. DATE SIGNED <u>11/11/62</u>					
23a. BURIAL OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)									
Removal		11/12/62		Chevra Kadisha Cemetry St. Louis County Missouri													
24. FUNERAL DIRECTOR HERMAN RINDSKOPF INC. 5216 DELMAR						ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Nov. 11, 1962</u>		26. REGISTRAR'S SIGNATURE <i>Roald Smith. M.D.</i>							

**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

*John Ketter*

Licensed Embalmer No. 3880

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.