

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 27 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16787

1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township CentralPrimary Registration District No. 6033City CassouvilleNo. 2996 Cleveview Dr.

File No. _____

Registered No. 126

St. _____ Ward _____

2. FULL NAME John Gerst(a) Residence No. 2996 Cleveview Dr. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Gerst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-23-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
61 7 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Jacob Gerst.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Katherine Reeth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Barbara Gerst. (ADDRESS) 2996 Cleveview18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove Cem H-19- 193619. UNDERTAKER Louis H. Bapp (ADDRESS) 131 W. Argonne Dr20. FILED 4-19-1936 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935, to April 14, 1936.I last saw him alive on April 15, 1936 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

carcinoma of the stomach Date of onset 3 yrs

Other contributory causes of importance:

Chronic myocarditis Chronic hepatitis 5 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Labi Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Arnold H. Wursener, M. D.(Address) 8900 St. Iphigene Rd.

