OCT 14 1937

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

32728
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8782
(c) City St Louis Mo (d) Street No. St John s Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William A Gernhardt Wm. A. Gernhardt
(a) Residence, No. 7262 Forsyth Blvd. St. NR Clayton Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Emma Gernhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. — 1869

7. AGE: Abt. YEARS 68 MONTHS 8 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. Ludlow Saylor Wire
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): St. Louis Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Emma Gernhardt 7262 Forsyth

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hiram Cemetery DATE: Sept. 21 37

19. FUNERAL DIRECTOR (ADDRESS): Kriegshauser Mortuaries 4228 S. Kingshighway Blvd.

20. FILED SEP 20 1937, 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st, 1937, to Sept 18th, 1937
I last saw him alive on Sept 18th, 1937. Death is said to have occurred on the date stated above, at 2:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos.
Other contributory causes of importance:	
Metastases in Liver	2 mos.

Name of operation: None Date of .....
What test confirmed diagnosis? Ordinary 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? .....
If so, specify .....
(Signed) Alphonse McMahon, M. D.
(Address) 506 Missouri Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

Dr C. McMahon Mo Bldg.
1130 - 2

STATEMENT BY LICENSED EMBALMER

I, Reinhold K Lohmann, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.)