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.

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

39419
Do not use this space.

DEC 13 1937

791 / 1003 / 10406

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. City Hospital #1 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Gerak Meramec
(a) Residence, No. 4016 ~~Chippewa~~ Str., St. 15
(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: Female
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: Charles F. Gerak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 23, 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): NOV. 7, 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jerseyville, Illinois

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

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

17. INFORMANT: Chas. F. Gerak
(ADDRESS) 4016 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE 11-10-37, 19

19. FUNERAL DIRECTOR: Oscar J. Hoffmeister
(ADDRESS) 4016 Chippewa Str.,

20. NOV 9 1937, 19 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage from ruptured spleen and liver, due to being struck by auto at about 3820 Gustine Avenue, about 7:40 P.M., November 7, 1937. Manner of accident and driver of auto unknown to the Jury.

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? unknown Date of injury 11/7/37
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Joseph M. Lynch II, M. D.
(Address) Lapaty, Colorado

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leibinger, Licensed Embalmer No. 3888

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 3888

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.)