

FEB 12 1938

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

 832
 Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **5207 Idaho ave.** Registered No. **688**
 (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 **Adolph Gertig 632**
 (a) Residence, No. **5207 Idaho ave.** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 4, 1861**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 14

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Gravener**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 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) **Austria**

 FATHER 13. NAME **Wm. Gertig**

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

 MOTHER 15. MAIDEN NAME **Unknown**

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

 17. INFORMANT **Theresa C Eckhard**
 (ADDRESS) **5207 Idaho ave.**

18. BURIAL, CREMATION, OR REMOVAL

 PLACE **St. Trinity Cem** DATE **Jan 21** '38

 19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. Broadway**

 20. FILED **J. Bredeck**
 (Address) **3531 a Delor**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 18 1938**

22. I HEREBY CERTIFY, That I attended deceased from

12/4/37, 19... to **1/18/38**, 19...
I last saw him alive on **1/16/38**, 19... Death is saidto have occurred on the date stated above, at **10.20 P.M.**

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

Cardiac decompensationDate of onset
1930

Other contributory causes of importance:

 Name of operation Date of
 What test confirmed diagnosis? **P.E.** 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) **Andrew J. R. Lane, M.D.**(Address) **3531 a Delor**

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by V. Berryman #4018

L. E. Linus Hoffmeister # 3871

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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.)