REC'D DEC 12 1938

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

791

37179

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9506

(c) City St. Louis (d) Street No. Missouri Baptist Hospital 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 365 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorleene Gatermann

(a) Residence, No. 2840 Meadows Ave., St. NR Jennings, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. O

FATHER

13. NAME Marvin Gatermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER

15. MAIDEN NAME Rose Fiorini

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. O

17. INFORMANT Marvin Gatermann Mo.
(ADDRESS) 2840 Meadows Ave., Jennings Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct. 2, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED NOV 1 1938, 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Nov.~~ Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to Oct 31, 1938

I last saw h.c.r. alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

	Date of onset
Thrombo-Cytopenic Purpura	Birth
Hydrocephalus	10/15/38
Obliteration of brain	?

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis Blood tests Was there an autopsy? yes

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) Charles W. Barnes M. D.

(Address) 5346 Oriole

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.