

R 11  
No. 2  
11-10-39  
-17-39  
I X21492

1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12373

Registration District No. 787

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 495

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 231 Baumann  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 231 Baumann  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**8. (a) PRINT FULL NAME** 230 GERTRUDE L. JAQUITH

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife John W. Jaquith

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 18th, 1887  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>58</u>	<u>6</u>	<u>20</u>	hr. _____ min.

9. Birthplace: Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: at home.

**MOTHER FATHER**

12. Name Charles Kessler

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Buchholtz

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Jaquith

(b) Address 231 Baumann

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3-12-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) MAR 11 1940  
(Date received local registrar)

G. K. Meyer  
(Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 9th  
year 1940 hour 8 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 28, 1936 to March 9, 1940  
that I last saw her alive on Mar. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage (apoplexy)

Due to: \_\_\_\_\_

Due to: Arteriosclerosis 50

Other conditions: Coronary R. heart  
(Include pregnancy within 3 months of death)

Duration

1 day

Arteriosclerosis

1 year

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations: Op. Apr 1939 - Ca. of R. heart

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 701

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. W. Jaquith (M. D. or other) \_\_\_\_\_

Address 7704 \_\_\_\_\_ Date signed 3/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 21 1942

JUL 22 1942

**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

*Virgil L. Berryman*

Licensed Embalmer No. *4018*

P. O. Address

*St. Louis Mo.*

**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.)**

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