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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26243

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1257

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4912 Tieman (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4912 Tieman (If rural, give location)

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

3. (a) PRINT FULL NAME Max R. Gatheman 355

3. (b) If veteran, name war -----

3. (c) Social Security No. 492-03-7832

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Kuerz Gatheman

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 23, 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Machine Operator 9

11. Industry or business Gas Company 9

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Anna Roesch
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Katherine Gatheman

(b) Address 4912 Tieman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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

(b) Address 1936 St. Louis Avenue

19. (a) JUL 3 - 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1940 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-1-40, 19__, to 7/2/, 1940 that I last saw him alive on 7/2-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: One year

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 345 S. Grand Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

1- 3 Dr. Rudolph Hoffmer
7-9 Grand + Osage

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 Theo A Beidermeier

Licensed Embalmer No. 506

P. O. Address 1936 St Louis Av

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.