

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis,**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Anthony's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community
years, months or days

3. (a) PRINT FULL NAME **Charles J. Gerwitz**

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **24** years **1870**

7. Birth date of deceased. (Month) **February** (Day) **24** (Year) **1870**

8. AGE: Years **70** Months **7** Days **24** If less than one day hr. min.

9. Birthplace **London** **England** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Tobacco Worker**

11. Industry or business

12. Name **Andrew Gerwitz**

13. Birthplace **Onesbach** **Germany** (State or foreign country)

14. Maiden name **Sophie Borchart** (State or foreign country)

15. Birthplace **Onesbach** **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Vincent P. Gerwitz**

(b) Address **1323 Dillon Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 21, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **General Funeral Home**

(b) Address **2233 University Street**

19. (a) **OCT 20 1940** (Date received local registrar) (b) **J. J. Bricker** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County
(c) City or town **St. Louis** **22**
(If outside city or town limits, write "RURAL")
(d) Street No. **1323 Dillon Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **61** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** **18**
Year **1940** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **19** to **19**

that I last saw him alive on **19**

and that death occurred on the date and hour stated above.

Immediate cause of death

General Peritonitis

Due to **Chronic Longstanding Appendicitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **121**

Of autopsy

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?

While at work (Specify type of place) Means of injury

23. Signature **W. H. Perry** (M. D. or other)

Address **Depue, Illinois** Date signed **10/18/40**

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

Licensed Embalmer No. 1994

P. O. Address

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, fact should be so stated above.