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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4874

MAR 25 1941 791

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1122

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5015 Beacon Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 7 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5015 Beacon Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Blanche E. Gaertner
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Gaertner
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 26, 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Alton, Ills (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business _____
MOTHER FATHER
12. Name Unknown
13. Birthplace _____ Scotland 4 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Fred Gaertner
(b) Address 5015 Beacon Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1, year 1941 hour 7:15 AM minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 15, 1940, to February 1st, 1941, that I last saw her alive on Jan. 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General hypertension	Don't know
Due to —	
Due to —	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	Don't know

Major findings:
Of operations _____
Of autopsy _____

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 R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 2/3/41

(Licensed Embalmer's Statement on Reverse Side)

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. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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

If this body is not embalmed, fact should be so stated above.