

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

5490

Registration District No.

791 I

Primary Registration District No.

1003

Registrar's No.

1738

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:  
3218 Bailey Ave. 1  
 (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)

8. (a) PRINT FULL NAME Herman Henry Gehrs

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

8. (c) Social Security No. 491-16-5513

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Minnie Gehrs

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 30th, 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 23 hr. min.

9. Birthplace Carlyle, Ills.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Wolf-Tober Shoe Factory

12. Name Herman H. Gehrs

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

14. Maiden name Mary Isaac  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Minnie Gehrs

(b) Address 3218 Bailey Ave.

17. (a) Burial (b) Date thereof 2-25-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehelm Cem.

18. (a) Signature of funeral director James H. Co

(b) Address 3710 N. Grand Blvd.

19. (a) FEB 24 1941 (b) J. H. Bredek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3218 Bailey Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 22nd.  
 year 1941 hour 11.00 minute A. M.

21. I hereby certify that I attended the deceased from  
Jan 25, 1941, to Feb 22, 1941  
 that I last saw him alive on Feb 21, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of Liver

Due to Carcinoma of Prostate

Due to Stomach Primary

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: none 5/8

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? \_\_\_\_\_

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

Means of injury \_\_\_\_\_

23. Signature R. H. Jost (M. D. or other) me

Address 1901 M. Johnson St Date signed 2/24/41

A. H. Just  
1901 Madison

C. 8898-

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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 me

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

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl.

**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.