

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20244**  
Registrar's No. **5056**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 Days  
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Rita Gers (Gerst)  
(b) If veteran, name war None  
(c) Social Security No. 498-12-7001

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife \_\_\_\_\_  
(c) Age of husband or wife if alive 1 years (Day) (Year)

7. Birth date of deceased November 1 1915  
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 17  
If less than one day --- hr. --- min.

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

10. Usual occupation Packer  
11. Industry or business Moser Paper Box Co.  
12. Name Peter Gers  
13. Birthplace Poland - 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Wladyslawa Ploskowski  
15. Birthplace Poland - 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Helin Gers  
(b) Address 5742 Saloma Ave.

17. (a) Burial (b) Date thereof Jun-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Brookland and Co  
(b) Address 1827 Hogan St.

19. (a) JUN 20 1941 (b) [Signature]  
(Date, if not local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 717  
(d) Street No. 5742 Saloma Ave.  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 18, year 1941 hour 6:55 minute P. M.  
21. I hereby certify that I attended the deceased from May 23, 1941 to June 18, 1941.  
that I last saw her alive on June 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor (Spongoblastoma Multiplex)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 5H  
(Include pregnancy within 3 months of death)

Major findings: as above  
operated 5 m ago  
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) (e) Means of injury \_\_\_\_\_  
23. Signature Walter Ford (M. D. or other) 6/19/41  
Address 1515 Lafayette Avenue Date signed

**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.....

*Wilford H. Bursley*

Licensed Embalmer No. *4202*

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.**