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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27158

FILED SEP 17 1941 791

Primary Registration District No. 1003

Registrar's No. 6950

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Alexian Bros. Hospital  
(d) Length of stay: In hospital or institution 8 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 3719 Dunnica St.  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JOHN F. GERK  
3. (b) If veteran, name war  
3. (c) Social Security No. None  
4. Sex Male (1) 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia B.  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased April 26, 1868  
(Month) (Day) (Year)

20. DATE OF DEATH: Month August day 26, year 1941 hour 8 minute 40A. M.  
21. I hereby certify that I attended the deceased from July 15 1941, to August 26 1941; that I last saw him alive on August 25 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days -- If less than one day hr. min.

Immediate cause of death Chronic myocarditis  
Due to Arteriosclerosis  
Due to Leg Arteriation

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

Other conditions Leg Arteriation (Include pregnancy within 3 months of death) 8-22-41

10. Usual occupation Salesman  
11. Industry or business

MOTHER FATHER { 12. Name John F. GerK  
13. Birthplace Germany  
14. Maiden name Barbara Mesch  
15. Birthplace Germany

Major findings: Of operations Of autopsy 930

16. (a) Informant Julia B. GerK  
(b) Address 3719 Dunnica St.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 8/29/41.  
(c) Place: burial or cremation Park Lawn Cemetery.

18. (a) Signature of funeral director J. H. Schneider and Co.  
(b) Address 2842 Meramec St.

19. (a) AUG 27 1941 (b) J. H. Schneider (Registrar's signature)

23. Signature J. H. Schneider (M. D. or other) Address 3318 S Grand Date signed 8-26-41

**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.....

Joseph S. Benz

Registered Apprentice No. 218

working under my personal supervision.

Signed

*Leon E. Percy*

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, Mo.

**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.**