

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **11 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County **000**
(c) City or town. **St. Louis** **1721**
(If outside city or town limits, write "RURAL")
(d) Street No. **7407 Chestnut St**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25**,
year **1941** hour **11:55** minute **A.M.**
21. I hereby certify that I attended the deceased from **October**
15, 19**41** to **October 25**, 19**41**;
that I last saw him alive on **October 25**, 19**41**;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death.....
Pulmonary Tuberculosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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 **R. V. Mulligan** (M. D. or other)
Address **1515 Lafayette Ave.** Date signed **10/27/41**

3. (a) PRINT **Otto Gerken**
FULL NAME
3. (b) If veteran, name war. **unk** 3. (c) Social Security No. **unk**

4. Sex **male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced. **Single**
6. (b) Name of husband or wife. **Single** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Dec 18 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **7** If less than one day..... hr. min.

9. Birthplace. **Union Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Carpenter**

11. Industry or business.....

MOTHER FATHER

12. Name. **Henry Gerken**
13. Birthplace. **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name. **Rita Hansen**
15. Birthplace. **Union Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Lizzie Hansen**
(b) Address. **5566 Hwy**

17. (a) **Burial** (b) Date thereof **10-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **General Mo.**

18. (a) Signature of funeral director. **Charles H. Starnes**
(b) Address. **4700 Washington Blvd**

19. (a) **OCT 27 1941** (b) **J. F. Breck**
(Date received local registrar) (Registrar's signature)

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

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

Albert G. Koppa

Licensed Embalmer No. *2971*

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.