

No. 2
1-4-41
17-39
X26390

Registration District No. 20

Primary Registration District No. 20

State File No. _____

Registrar's No. 2267

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 270 days
(Specify whether years, months or days) 17 years

3. (a) PRINT FULL NAME ED J. GERRE'S

3. (b) If veteran, name war None
3. (c) Social Security No. 492-03-1069

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Eva Herres nee Burgerer
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Dec 24 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 10 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation chef

11. Industry or business Parkinson Restaurant Inc.

12. Name Joseph Herres

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

14. Maiden name Lauer

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

16. (a) Informant Hospital record

(b) Address Robert Koch Hospital

17. (a) Burial (b) Date thereof 11-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near St. Peter's Church

18. (a) Signature of funeral director Kriegshayes Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 11 1941 (b) E. J. McDavid M.D.
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4456 Chippewa St
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1941 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 14 1941 to Nov. 10 1941
that I last saw him alive on Nov 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration 1 yr + 4 months

Due to _____
Due to 1381

Other conditions Tuberculosis of kidney intestine epididymis + testicle + larynx
(Include pregnancy within 3 months of death)

Major findings epididymis + testicle + larynx
Of operations _____
Of autopsy as above + ureteral stone + T.B. of bladder + ureter
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 Frank Cohen (M. D. or other) M.D.

Address Robert Koch Hospital Date signed Nov 10/41

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

11-1-41

JAN 29 1942

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.....

Reinhold T. Lehman

Licensed Embalmer No. 3395

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.