S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3520

State File No. 0

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 301

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 2 months 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7
(d) Street No. 34 E. Swon Ave (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick (Fritz) Gerecke
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Anna Bertha Gerecke
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased August 21 (Month) (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	18	hr. min.

9. Birthplace Egln, Prov. of Saxony (City, town, or county) 4 Germany (State or foreign country)
10. Usual occupation Retired 6 years
11. Industry or business Barber
FATHER
12. Name Frederick Gerecke
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)
MOTHER
14. Maiden name ? Rengel
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)
16. (a) Informant Albert Gerecke
(b) Address 34 E. Swon Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/42. (Month) (Day) (Year)
(c) Place: burial or cremation Winona Minnesota
18. (a) Signature of funeral director MITTELBERG FUNERAL HOME, Inc. WEBSTER GROVES, MO.
(b) Address
19. (a) 2/10/42 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th. year 1942 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from October 7, 1941 to February 9, 1942 that I last saw him alive on 2/7, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilatation	1 day
Due to Chronic myocarditis	5 yrs
Due to Arteriosclerosis + hypertension	5 yrs
Other conditions (Include pregnancy within 6 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. A. Leslie M.D. (M. D. or other)
Address 209 S. Kirkwood Rd., Kirkwood, Mo. Date signed 2/

(Licensed Embalmer's Statement on Reverse Side)

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 G W Wilkinson

Licensed Embalmer No. 3575

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.