

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12635

State File No. \_\_\_\_\_  
Registrar's No. 4113

FILED MAY 19 1942  
Registration District No. 7-2-1

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME AUGUST H. GERST

3. (b) If veteran, name war No  
3. (c) Social Security No. 489-20-6318

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased: June 4, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 11 4 hr. min.

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

10. Usual occupation Shoe Worker  
Shoe Mfg. Co.

11. Industry or business \_\_\_\_\_

12. Name August Gerst

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

14. Maiden name Elizabeth Jackson

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

16. (a) Informant John G. Burt.

(b) Address 9204 Halls Ferry Rd.

17. (a) Burial (b) Date thereof May 11, 1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) MAY 10 1942 (b) J. F. Bredon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town St. Louis Baden Sta. NR.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9204 Halls Ferry Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th,  
year 1942 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from March 13  
1942 to May 8 1942  
that I last saw him alive on May 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowel.  
gastric ulcer resection  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: gastric ulcer perforated  
Of operations old ulcer scars distended  
Of autopsy 117

Duration 3-4 days  
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) (Country) (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 W. P. Hamilton (M. D. or other) D.M.D.  
Address 8363 Halls Ferry Date signed 5-9-42

JUL 13 1928  
2323  
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**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.....

*John A. Mlinar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John A. Mlinar*.....

Licensed Embalmer No. *4186*

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.**