

No. 2
4-13-40
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4208

MAR 15 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 2142

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ENROUTE TO CITY HOSPITAL No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3119 A NORWOOD
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

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17
96

3. (a) PRINT FULL NAME FRANK V. GERSMAN

3. (b) If veteran, name war.....
(c) Social Security No. 494-10-8443

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ANNA GERSMAN
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 25 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 9 hr. min.

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

10. Usual occupation Insurance

11. Industry or business Met. Ins. Col.

12. Name Henry Gersman

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

14. Maiden name Jennie Beckman

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

16. (a) Informant ANNA GERSMAN

(b) Address 3119 A NORWOOD

17. (a) Burial (b) Date thereof March 8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S. PETER & PAUL

18. (a) Signature of funeral director Thornhill & Son

(b) Address 8906 Gravois Ave.

19. (a) MAR 5 1943 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1943 hour 12.05 P.M. M.

21. I hereby certify that I attended the deceased from April
1938 to March 1 1943
that I last saw him alive on March 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary
occlusion
Angina Pectoris
Due to Coronary artery sclerosis

Duration
6.32

Due to.....
Other conditions.....
(Include pregnancy within 3 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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Jerome E. Cook (M. D. or other)
Address 508 N. Grand Blvd Date signed 3/5/43

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

MOTHER FATHER

Dr. Jerome Cross

11-1-20-19

1269m

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.....

David Van Fossa

Licensed Embalmer No. *1242*

P. O. Address. *2106 Division ave*

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.