S. No. 2
0M—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5140

Primary Registration District No. 1003

Registrar's No. 1982

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:
Park Lane Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Jennings
(If outside city or town limits, write "RURAL") NR

(d) Street No. 8898 Cozzens
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry H. Gerken

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, divorced Married

6. (b) Name of husband or wife Lizette Gerken

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February (Month) 1, (Day) 1881 (Year)

8. AGE: Years 63 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Gardener

11. Industry or business

FATHER
12. Name Herman Gerken
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Marie Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Lizette Gerken
(b) Address 8898 Cozzens

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St Johns

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis AV.

19. (a) FEB 29 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Feb 2, 1944, to Feb 26, 1944, that I last saw him alive on Feb 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute Cardiac dilitation — Duration 2 days

Due to Chronic myocarditis and Rheumatic Arthritis Osteoarthritis — 2 yr

Due to Pneumonia — 24 days

Other conditions (Include pregnancy within 3 months of death) 131

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 Lou A Knight (M. D. or other)
Address 5201 N Broadway St Louis Date signed 2/27/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm A. Knight
8201 N. Broadway
3-5

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 Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis 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.