

No. 2  
8-43  
17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16356

State File No. \_\_\_\_\_

FILED JUN 9 1944

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 4940

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:  
1819 N. Market St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)  
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1819 N. Market St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Henry Gehringer  
(b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 28th.  
year 1944 hour 7:30 AM. minute 00 M.  
21. I hereby certify that I attended the deceased from 5-20-44 to 5-28-44  
that I last saw alive on 5-27-44 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Gehringer  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Dec. 23 1866  
(Month) (Day) (Year)

Immediate cause of death:  
Ferricious Anemia  
Duration 2 mo  
Due to \_\_\_\_\_  
Due to 73  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations no  
Of autopsy no

8. AGE: Years 77 Months 5 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Michigan  
(City, town, or county) (State or foreign country)  
10. Usual occupation none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country) 9  
16. (a) Informant Mrs. Mary Gehringer  
(b) Address 1819 N. Market St.  
17. (a) Burial (b) Date thereof 5-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2223 St. Louis Ave  
19. (a) MAY 29 1944 (b) J. J. Oudech  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) 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 0  
23. Signature Geo A. Mullis (M. D. or other) 0  
Address 2739 N. Grand Date signed 5/29/44

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

2-393, 5-12

**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 John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis

**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.**