No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16362

Registrar's No. 4701

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. Anthony's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5125 a - Vermont
(If rural, give location)

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

3. (a) PRINT FULL NAME INFANT Gmerek

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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 May (Month) 21 (Day) 1944 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. 35 min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name George D. Gmerek

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

14. Maiden name Frances Trudzinski

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

16. (a) Informant Mrs. G. D. Gmerek

(b) Address 5125 a - Vermont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 22-44 (Month) (Day) (Year)

(c) Place: burial or cremation PARKLAWN CEM.

18. (a) Signature of funeral director C. HOFFMEISTER UBLE

(b) Address 7814 S. Broadway

19. (a) MAY 22 1944 (Date received by registrar) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1944 hour 12:00 minute — M.

21. I hereby certify that I attended the deceased from 5-21-44 9:25 am, 1944 to 12:00 m. 5-21-, 1944 that I last saw her alive on 5/21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asphixia	
Due to Premature separation of placenta. (6 mo. gestation)	
Due to Unknow. Cause	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Louis F. Kiphena (M. D. or other) M.D.

Address St. Anthony's Hospital Date signed 5/21/44

(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 Louis C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3-871

P. O. Address 7814 S. Broadway

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.