

FILED NOV 30 1944
318

9842

Registration District No.

Primary Registration District No.

Registrar's No.

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:
4497 Pershing Ave.
(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)

3. (a) PRINT FULL NAME Otto Carl Gemmer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary L. Gemmer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 10, 1849
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
95 2 9 hr. min.

9. Birthplace Iserlon, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. of Register Division

11. Industry or business

12. Name Julius Gemmer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Walter S. Gemmer 1

(b) Address 4475 Pershing

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Pickers Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) NOV 20 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4497 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 19 1944 to Nov 19 1944
that I last saw him alive on Nov 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Senile Debility
Due to Arterio-sclerosis

Due to
Other conditions (Include pregnancy within 3 months of death) 97

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 J. M. Schuricht (M. D. or other) 0
Address 5782 Rosa Ave Date signed 11-20-44

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

MOTHER FATHER

5182 Ross
FO: 2110
876 11 a.m.
5/130

APR 25 1945

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City - 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.