

**FILED** JAN 21 1946  
318

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

Primary Registration District No. **1003**

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 Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Andrew E. Gerwitz Sr.**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **493-07-7778**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Hermina E.**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct. 22 1873**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **18**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **London England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Andrew E. Gerwitz**  
13. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Andrew E. Gerwitz Jr.**

(b) Address **9302 McKenzie Rd.**

17. (a) **Burial** (b) Date thereof **1-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Wacker - Walden**

(b) Address **3634 Gravois Ave.**

19. (a) **JAN 10 1946** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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. **3501a Chippewa St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9**  
year **1946** hour **3** minute **45a m.**

21. I hereby certify that I attended the deceased from **Dec 20 1945**  
to **Jan 9 1946**  
that I last saw him alive on **Jan 8 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolus**  
**Prostate Operation**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **///**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Same**

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 **W. J. ... M.D.** (M. D. or other)

Address **Travis City** Date signed **1-10-46**

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

2527

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**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.**