

S. No. 2  
M-543  
7-5-17-39  
P. 1 X36672

State File No. ....

FILED FEB 1 1946

Registrar's No. 684

Registration District No. 318

Primary Registration District No. 1003

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

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community.....  
years, months or days)

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. 6573 Scanlon  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Gustav M. Kertz

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 30, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 18 hr. min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired carpenter

11. Industry or business.....

MOTHER FATHER

12. Name Martin Kertz

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Kertz

(b) Address 6573 Scanlon

17. (a) burial (b) Date thereof 1/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) JAN 22 1946 J. F. Bredeck  
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19 - 46  
year..... hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/1/10 1940 to 1/19/46 19.....  
that I last saw him alive on 1-18-46 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Langina

Due to.....

Due to.....  
94

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

Major findings:  
Of operations.....

Of autopsy.....

Duration  
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) (c) Means of injury.....

23. Signature P. B. Cappel M.D. 0 M.D.

Address 3284 Date signed 1-21-46

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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..... *Sheldon Collier* .....

Licensed Embalmer No. *3382* .....

P. O. Address..... *7027 Gravois* .....

**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.**