S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7462

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1178

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

6412

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:
5423 Lisette 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 5423 Lisetti Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry G Gertken

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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 Dec (Month) 28 (Day) 1879 (Year)

8. AGE: Years 66 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Custodian

11. Industry or business Lungrtras Cleaning Co

12. Name Tobias Gertken 4

13. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 1

14. Maiden name Anna Strautmann

15. Birthplace Germany (State or foreign country) 4

16. (a) Informant ~~Joseph J Gertken~~ Mary O Rauche

(b) Address 5423 Lisette Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 5 (Day) 46 (Year)

(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) FEB (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

FEB 4 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1946 hour 10:30 AM minute M.

21. I hereby certify that I attended the deceased from Jan 29, 1946, to Feb 2, 1946, that I last saw him alive on Feb 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 day
Chr Myocarditis	year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Edward Burnet (M. D. ~~or other~~)

Address 1504 So Grand Date signed 2/4-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Bonnot Grand Park

Tue AM

Will call back about 2 PM today

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 Edwin D McDonnell

Licensed Embalmer No. 3024

P. O. Address .....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State Mo. } ss.
County of St. Louis }

State File No.
Local Registrar's 1178

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of Feb., 1946, before me appears Mr. Frank Owens (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death for Henry G. Gertken died 2-2-46, 19, in the State of Missouri, and which was filed at St. Louis, Mo. on 2-4-46, 19, should be corrected as follows:

Item No. 16a should read Mary C. O'Rourke
Instead of Joseph J. Gertken
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

~~Affiant~~ Frank Owens Funeral Director
Relationship.

4228 S. Kingshighway
Present Address.

Subscribed and sworn to before me this 28 day of Feb, 1946.

My Commission expires 3/4/49 Ethel Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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