

S. No. 2
A-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

11154

STANDARD CERTIFICATE OF DEATH

State File No. _____

2299

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(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. Luke'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 Maplewood 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7323 Richmond Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederic William Gerecke

3. (b) If veteran, name war World War #1
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Elsie Loeffler
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: October 10, 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Commercial Artist - Self

11. Industry or business Self Employed

12. Name Fred Gerecke

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

14. Maiden name Erna Scharr
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frederic W. Gerecke

(b) Address 7323 Richmond Pl.

17. (a) Cremation (b) Date thereof 3-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 9 1946 J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1946 hour 9:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from November 1945 to March 7 1946
that I last saw him alive on March 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration 10 mo

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

Major findings:
Of operations _____
Of autopsy Carcinoma of left lung

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 _____

23. Signature William B. Day M. D. of _____
Address 3720 Washington Ave. Date signed 3-8-46

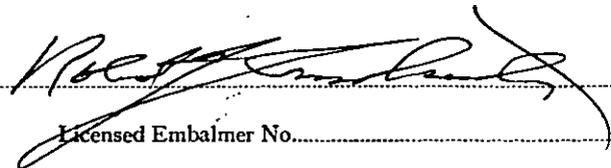
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10066

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.....



.....
Licensed Embalmer No.....

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.