No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6379

FILED FEB 28 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1469

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. Luke's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9

(c) City or town ~~XXXXXXXX~~, Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 2961 Hatherly Dr. 0
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GEORGE F. GAERTNER

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Alma Gaertner

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 15 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	9	25	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Electrical Appliance

FATHER
12. Name George F. Gaertner
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Lochmoeller
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Gaertner
(b) Address 2961 Hatherly Normandy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director H. A. Stock
(b) Address 2117 E. Grand Ave.

19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Briedack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Feb, 1947 to Feb 10, 1948
that I last saw him alive on Feb 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to coronary sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 6

23. Signature Michael M. Karl (M. D. or other)
Address 3720 Washington Blvd Date signed Feb 11, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

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.