. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6380
Primary Registration District No. 1003
Registrar's No. 1189

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3639 Hartford St. (If not in hospital or institution, write street number or location)

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

In this community:

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 3639 Hartford (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Louise M. Gaertner

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December 7, 1867 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation: None

11. Industry or business:

FATHER: 12. Name: J. Buckle

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

MOTHER: 14. Maiden name: Catherine Gerst

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

16. (a) Informant: Catherine D. Wall

(b) Address: 220 N. 4th St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 S. Grand Blvd.,

19. (a) FEB 4 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1948 hour 1 minute 45 p. M.

21. I hereby certify that I attended the deceased from July 8 1947, to Feby 2nd 1948, that I last saw h. alive on Feby 2nd 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage (Apoplexy)	4 hr yrs
Due to: Hypertension	5 yrs
Due to: Arterio-sclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death):	none

Major findings:
Of operations: none
Of autopsy: none

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:

23. Signature: W. A. Fries (M. D. ~~another~~)

Address: 1544 A So Broadway Date signed 2-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 J. W. M. Brantley

Licensed Embalmer No. 3657

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.