

No. 300
10.48

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

FILED APR 2 1949

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11012

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 605

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 12 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 1817a So. 10th.
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) W.	c. (Last) GERKING		4. DATE OF DEATH (Month) (Day) (Year) March 10, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 31, 1887	9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Registrar Veterans Administration Hosp. Jeff. Brks. Mo		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONFLUENT BRONCHO-PNEUMONIA, ALL LOBES					Unknown
ANTECEDENT CAUSES		DUE TO (b) 491x			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 107			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NEPHROSCLEROSIS WITH IREMIA					Unknown
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 26, 1949 , to March 10, 1949 , that I last saw the deceased alive on March 10, 1949 and that death occurred at 2:05 pm. , from the causes and on the date stated above.			
23a. SIGNATURE L.E. Stilwell (Degree or title) L. E. STILWELL MD U		23b. ADDRESS VAH, Jefferson Barracks, Mo.	23c. DATE SIGNED 3/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 14-1949	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 3-14-49	REGISTRAR'S SIGNATURE Thurmond L. Lunge MD	25. FUNERAL DIRECTOR'S SIGNATURE WM.C. MOYDELL, 1926 Allen, St. Louis, Mo.	
--	--	--	--

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bert L. Dunbar

Licensed Embalmer No. 2272

P. O. Address 2926 Allen Avenue

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.