

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14434

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 666

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | |
| b. CITY OR TOWN <u>Koch, Mo.</u> | c. LENGTH OF STAY (in this place) <u>346 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 17 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Koch Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>2017 A East O'Bear</u> 9 | |

| | | | | | |
|---|---------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Geritz</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 49.</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>10/29/03</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bar Tender</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Charles Geritz</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Winkler Wittol</u> | 14. NAME OF HUSBAND OR WIFE <u>Anne Schrouth</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> | 16. SOCIAL SECURITY NO. <u>491-14-4999</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robt Koch Hosp. Records.</u> ADDRESS _____ |

| | | | |
|--|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Oslem. The.</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>002x</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION <u>✓</u> | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u> (Specify) | 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 4/6/48, 1948, to 3/17/49, 1949, that I last saw the deceased alive on 3/17/49, 1949, and that death occurred at 2:39 A. m., from the causes and on the date stated above.

| | | |
|--|---|---|
| 23a. SIGNATURE (Degree or title) <u>John W. Beckham, M.D.</u> | 23b. ADDRESS <u>Koch, Mo</u> | 23c. DATE SIGNED <u>3/18/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-21-49.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> ADDRESS <u>2161 East Fair Ave.</u> | |
| DATE REC'D BY LOCAL REG. <u>3-19-49</u> | REGISTRAR'S SIGNATURE <u>Harold L. ...</u> | |

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

9608

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed

Shepard G Burnley

..... Licensed Embalmer No. *4702*

Signed.....
Student Embalmer

..... 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.