

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38505
State File No. 9079
Registrar's No.

5

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

| | | | | | | | |
|--|-------------------------------|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) 2 Yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Home - 2609 S. Grand | | | | d. STREET ADDRESS (If rural, give location) 2609 So. Grand Blvd. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter | | b. (Middle) C. | | c. (Last) Gaertner | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH June 21, 1873 | | 9. AGE (In years last birthday) 77 If under 1 year: Months _____ Days _____ If under 4 hrs: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Handlan & Co. | | 11. BIRTHPLACE (State or foreign country) Belleville, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME Fred Gaertner | | | 13b. MOTHER'S MAIDEN NAME Louise Miller | | | 14. NAME OF HUSBAND OR WIFE Mary Klohr Gaertner | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-20-7213a | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walter Aif, 8247 Delmar Blvd. | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chy. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. sterility DUE TO (b) _____ DUE TO (c) HT II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Branchial Asthma | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 21f. HOW DID INJURY OCCUR? H227 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from Apr. 1946 , to Oct 24, 1950 , that I last saw the deceased alive on Oct 23, 1950 and that death occurred at 5:30 P m. , from the causes and on the date stated above. | | | |
| 22a. SIGNATURE Edward J. Wilkins, M.D. (Degree or title) | | | 23b. ADDRESS 3903 Olive St. St. Louis | | | 23c. DATE SIGNED 10-25-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct. 27, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) Afton, Mo. | |
| DATE REC'D BY LOCAL REG. OCT 26 1950 | | REGISTRAR'S SIGNATURE J. B. Basater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St. | | | |

Dr. Edward Helbing
3903 Olive St.,
JEn 7562

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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.

Student
Student Embalmer

Signed.....

Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.