

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29485

State File No.

318

1003

8143

RIP SEP 8 - 1952

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1209a Sidney St.		d. STREET ADDRESS (If rural, give location) 23 1209 a Sidney Street	
3. NAME OF DECEASED a. (First) Magdalena b. (Middle) c. (Last) Gestrich (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1952
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 20, 1880
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housework	11. BIRTHPLACE (City and State or Foreign Country) Ugosaavia
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Joseph Martin	
13b. MOTHER'S MAIDEN NAME Clara Mayer		14. NAME OF HUSBAND OR WIFE Ludwig Gestrich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Simon 1209a Sidney St.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Edema & Heart Fail ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Gen'l Arterio Sclerosis with Cardio-Vascular Renal Disease DUE TO (c) endocardial hemorrhage → 5 days	
INTERVAL BETWEEN ONSET AND DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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? 442x
22. I hereby certify that I attended the deceased from August 8, 1952, to August 27, 1952, that I last saw the deceased alive on Aug. 27, 1952, and that death occurred at 7:10 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Ethel Simon		(Degree or title)	23b. ADDRESS M. S. 4115 Victor St. Del. Gr. 0078
(Date or title)		23c. DATE SIGNED 8.28.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Aug. 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
(Specify)		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 28 1952		REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd.,

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

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.