

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40224

State File No. _____
Registrar's No. **10201**

318 PRIMARY REG. DIST. NO. **1003**

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10201		
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 township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4871 Anderson				d. STREET ADDRESS (If rural, give location) 4871 Anderson						
3. NAME OF DECEASED a. (First) August (Type or Print)			b. (Middle) B.		c. (Last) Gerringer		4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 2, 1899		9. AGE (In years last birthday) 53	10. MONTH 1	11. DAYS 2	12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Line			10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Motor		11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.			12. CITIZEN OF WHAT COUNTRY _____		
13a. FATHER'S NAME August Gerringer			13b. MOTHER'S MAIDEN NAME Emma Ernst			14. NAME OF HUSBAND OR WIFE Edith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-09-0664		17. INFORMANT'S SIGNATURE OR NAME Edith Gerringer ADDRESS 4871 Anderson						
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound of heart self inflicted in garage in rear of home at 4871 Anderson Ave on Nov 4th DUE TO (b) _____ DUE TO (c) 1952 exact time unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicide while suffering a temporary mental aberration						INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION temporary mental aberration						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo, MO		21f. HOW DID INJURY OCCUR? E976X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 4 52		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:21 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Edith Perry Kuntzman				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 11/6/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/7/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. NOV 6 1952		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE W. F. Stewart			ADDRESS 1225 Union		

(Licensed Embalmer's Statement on Reverse Side)

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 W W Wilkinson

Licensed Embalmer No. 3575

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.