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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1955

State File No. 6677

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 499

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) OR TOWN CLAYTON	c. LENGTH OF STAY (in this place) D.O.A.	c. CITY OR TOWN Affton	d. Is Residence within limits of a city or incorporated town? - Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION En Route to St. Louis Co. Hospital		e. STREET ADDRESS (If rural, give location) 9336 Tesson Ferry Road	

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Goswin Joseph c. (Last) Gern			4. DATE OF DEATH (Month) (Day) (Year) 2-26-1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-24-1932	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurseryman		10b. KIND OF BUSINESS OR INDUSTRY Gern Nursery Co	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Goswin Gern	13b. MOTHER'S MAIDEN NAME Frieda Mayer	14. NAME OF HUSBAND OR WIFE NONE
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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) 487-36-6566	17. INFORMANT'S SIGNATURE OR NAME Goswin Gern	ADDRESS 9336 Tesson Ferry Road
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation due to		INTERVAL BETWEEN ONSET AND DEATH 2/26/55
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) post-Cona Epilepsy (Grand mal)		
	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	19b. MAJOR FINDINGS OF OPERATION 3531	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/26**, 19**49**, to **2/26**, 19**55**, that I last saw the deceased alive on **2/7**, 19**55**, and that death occurred at **9:00 AM** from the causes and on the date stated above.

23a. SIGNATURE Walter L. Moore	(Degree or title) M.D.	23b. ADDRESS 6376 Clayton Road	23c. DATE SIGNED 2/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-1-1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) Affton Mo Mo
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DATE REC'D BY LOCAL REG. 2-28-55	REGISTRAR'S SIGNATURE Herbert R. Bomke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Frederick Bros	ADDRESS 6409 Gravois Ave
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520 Licensed Embalmers' Statements (on Reverse Side)

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

9:00 A.M. Monday Morning

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.....
Signature of Student Embalmer

Signed.....
Frederic M. Simpson

Licensed Embalmer No. 434

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.