

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8616

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Jefferson		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 OR TOWN Kimmwick		c. CITY (If outside corporate limits, write RURAL and give township) 2157 OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Four Oaks Nursing Home Rt. 1 Montebella Road		d. STREET ADDRESS (If rural, give location) 5456 Alabama	

3. NAME OF DECEASED (Type or Print) a. (First) Valentine b. (Middle) -- c. (Last) Gmerek			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 31, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broom Maker Retired	10b. KIND OF BUSINESS OR INDUSTRY Broom Making	11. BIRTHPLACE (State or foreign country) Warsaw, Poland	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Bartholomew Gmerek	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frances
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none	16. SOCIAL SECURITY No. 493-07-9479	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Bernd	ADDRESS 5456 Alabama St. Louis 11
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cor. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH _____ Mo. _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Arterio Sclerosis</i>		
	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 checked="" 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) <i>Jefferson Mo</i>
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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 _____
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22. I hereby certify that I attended the deceased from *Jan 1954* to *3/26*, 1955, that I last saw the deceased alive on *3/26*, 1955, and that death occurred at *3:50p* m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____	23b. ADDRESS <i>Lempick, Mo</i>	23c. DATE SIGNED <i>3/28/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road Lemay, Mo.
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DATE REC'D BY LOCAL REG. 3/26/1955	REGISTRAR'S SIGNATURE <i>[Signature]</i> 434	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U.&.L.Co. 7814 S. Broadway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 30 1955

APR 22 1955

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bond

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.