FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7098

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sappington — Inside Limits: Yes ☐ No ✓
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6857 Aliceton — Length of stay in 1b: 20yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN Sappington 4800 — Inside Limits: Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) 6857 Aliceton — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First Fred; Middle W; Last Gatermann
4. DATE OF DEATH: Month Jan; Day 18; Year 1957
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 2, 1887
9. AGE (In years last birthday): 69 — 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): [redacted] Salesman-Automobile Bus
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: August Gatermann
14. MOTHER'S MAIDEN NAME: Lena Bertramm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO. 492-05-9676
17. INFORMANT: Victorine Gatermann Address: 6857 Aliceton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of liver — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 153.X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m.; Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1953, to Jan 18 1957 and last saw her alive on Jan 18 1957
Death occurred at 7:— P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert W. Tichenor MD (Degree or title)
22b. ADDRESS: P.O. Box 6 Sappington Mo
22c. DATE SIGNED: 1-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/21/1957
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo
24. FUNERAL DIRECTOR: J L Ziegenhein & Sons ADDRESS: 7027 Gravois
25. DATE RECD. BY LOCAL REG.: 1-21-57
26. REGISTRAR'S SIGNATURE: Herbert A. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Poorly, or not at all, filled in items 18, 19, 20, 21, 22, 23, 24, 25, 26 will delay issuance of death certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 387

P. O. Address 7027 Gio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.