

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034346
STATE FILE NUMBER

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 8496

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis, Mo.</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3859 Blaine Ave.</u> <u>3859 Blaine Avenue</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Anthony</u> Middle <u>Gertken</u> Last <u>John</u>			4. DATE OF DEATH Month <u>9-</u> Day <u>12-</u> Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-27-87</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>Missouri</u>
13a. FATHER'S NAME <u>(GERTKEN Tobias)</u>		13b. MOTHER'S MAIDEN NAME <u>(Strutman, Anna)</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Murphy Gertken</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Charles Lambrich 3859 Blaine</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	<u>BRONCHOPNEUMONIA</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>
DUE TO (b)	<u>ARTERIOSCLEROTIC HEART DISEASE</u>	<u>2 YEARS</u>
DUE TO (c)	<u>GENERALIZED ARTERIOSCLEROSIS</u>	<u>10 YEARS</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ACUTE LEFT PYELONEPHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 9-5-61 to 9-12-61 and last saw him alive on 9-12-61
Death occurred at 2:30/AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. Hoang MD</u>	(Degree or title)	22b. ADDRESS <u>1325 S. GRAND</u>	22c. DATE SIGNED <u>9-12-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter and Paul</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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24. FUNERAL DIRECTOR <u>Thomas J. Finan</u>	ADDRESS <u>1519 S. Grand</u>	25. DATE RECD. BY LOCAL REG. <u>SEP 12 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 James D. Embler

Licensed Embalmer No. 2653

P. O. Address H. Laube

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.