DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4656

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1486

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4117 Obear Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4117 Obear AAve
(If rural, give location)
(e) If foreign born, how long in U. S. A.? AAbout 53 years.

3. (a) PRINT FULL NAME Herman F. Gierke

3. (b) If veteran, name war None — 3. (c) Social Security No.

4. Sex Male — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Gierke nee Meyer — 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 26, 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	17	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Night watchman
11. Industry or business
12. Name Unknown (Father)
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown (Mother)
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Minnie Gierke
(b) Address 4117 Obear A ve
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) FEB 13 1940 (Date received local registrar) (b) J. Bachek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th year 1940 hour 2:24 PM minute M.

21. I hereby certify that I attended the deceased from Jan 22/40, 19, to Feb 12, 19 40 that I last saw him alive on Feb 12, 19 40. and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Nephritis
Due to Nephritis Chr. —
Due to Senility —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. Ruhlen (M. D. or other)
Address 2600 No Hiawatha Date signed 2/13/40.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PENCIL—USE CARBON BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2967

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.