DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16077

FILED MAY 8 1940

Registration District No. 1084 Primary Registration District No. 109 Registrar's No. 824

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7910 Caroline Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL")

(d) Street No. 7910 Caroline Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Caroline Gatzke 320

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August Gatzke

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased July 5th, 1850 (Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Pommering

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Dorothea

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. F. Gatzke

(b) Address 3938 Sullivan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.

(b) Address 3402 N. Kingshighway

19. (a) APR 28 1940 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1940 hour 12.35 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to April 25, 1940 that I last saw her alive on April 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	years
Due to: —	
Due to: — CPC	
Other conditions (Include pregnancy within 3 months of death): General Arteriosclerosis	4 year

Major findings: Of operations —

Of autopsy none

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? NA (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Vincent Hermanek (M. D. or other) MD

Address 3101 Sutton Ave Maplewood Date signed 4-26-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

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