

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: \_\_\_\_\_  
2626 California 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)

8. (a) PRINT FULL NAME Thresia Gierse 620

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Theodore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 9 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 06 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Nicholas Adriaus

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

14. Maiden name Christina Lamakueler

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

16. (a) Informant's own signature Anton Gierse

(b) Address 3626 California Av

17. (a) Burial (b) Date thereof May 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem

18. (a) Signature of funeral director J. H. Gebken & Co.

(b) Address 2630 Gravois

19. (a) MAY 10 1940 (b) J. Budach  
(Date received local registrar) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2626 California  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1940 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb 21, 1940 to May 8, 1940  
 that I last saw her alive on May 8, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho Pneumonia Duration 2 Days

Due to Chr. Myocarditis

Due to Chr Interstitial Nephritis yrs. 13

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Geo W Becker (M. D. or other) \_\_\_\_\_  
 Address 3547 West 13th Date signed 5/9/40

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.

1 X1951

MAY 7 1943 MAY 6 1943

---

---

**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 *Herman A. Gebken*

Licensed Embalmer No. *2120*

P. O. Address.....

**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, above space should be left blank.**