No. 2
-13-40
-17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27374

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7270

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: St. Anthony Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 2

(d) Street No. 5412 Finkman Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME MATT OMERSU 562

3. (b) If veteran, name war

3. (c) Social Security No. 488-18-8966

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen Omersu

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

7. Birth date of deceased October (Month) 13 (Day) 1862 (Year)

8. AGE: Years 77 Months 10 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Austria (State or foreign country) 7

10. Usual occupation Beer Bottler

11. Industry or business Anheuser-Busch Inc.

MOTHER FATHER

12. Name Dont Know.

13. Birthplace (City, town, or county) Dont Know. (State or foreign country) 9

14. Maiden name Dont Know.

15. Birthplace (City, town, or county) Dont Know. (State or foreign country) 9

16. (a) Informant Matthew Omersu

(b) Address 5412 Finkman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29, 1940 (Month) (Day) (Year)

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

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

(b) Address 2842 Meramec St.

19. (a) AUG 28 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th year 1940 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from August 20th. 1940, to August 26 th. 1940; that I last saw him alive on August 26th. 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Vincent's angina	10 days
Due to Chronic arthritis	2
Acute myocarditis (no chronic myocarditis)	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

115a

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 1

23. Signature C. G. W. Jungle (M. D.)

Address 2278 S. Jefferson Date signed 8-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Mo.

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, fact should be so stated above.