

No. 2
4-13-40
5-17-39
-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1032

State File No.

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **1032**

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:
3966 Lexington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Emma Gaertner.

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

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late Louis Gaertner. 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 17 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 13 hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

12. Name Frederick Vasedl.

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

14. Maiden name Unknown.

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

16. (a) Informant Louis Gaertner.

(b) Address 3966 Lexington Ave.

17. (a) Burial (b) Date thereof 2-3-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 31 1941 (b) J. T. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 3966 Lexington Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1941 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from Dec 21, 1940, to Jan 30, 1941
that I last saw her alive on Jan 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Deeble's Coma
Due to Urea Nitros Mellitose

Due to.....
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

Duration
<u>2 day</u>
<u>18 year</u>

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) ms
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature km T Henschel (M. D. or other) C 24 40
Address 3500 N Grand Date signed 1/31/41

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

MOTHER FATHER

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 Homier L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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, fact should be so stated above.