No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39520

DEC 18 1941

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2464

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

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
St. Marys Hospital
(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 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis. 096

(c) City or town Webster Groves. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 445 Sherwood Dr. 4
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Edward G. Gereke.

3. (b) If veteran, name war none.

3. (c) Social Security No. 491-14-9753

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Cornelia A. Gereke.

6. (c) Age of husband or wife if alive 65. years

7. Birth date of deceased Sep't. (Month) 4. (Day) 1869. (Year)

8. AGE: Years	Months	Days	If less than one day
72.	2.	29.	hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation President of

11. Industry or business Gereke-Allen Box Co.,

FATHER
12. Name Henry Gereke.
13. Birthplace (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Mary Flynn.
15. Birthplace (City, town, or county) Ireland. 4 (State or foreign country)

16. (a) Informant Mrs Cornelia A. Gereke.
(b) Address 445 Sherwood Dr, Webster.

17. (a) buriel (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd

19. (a) DEC 4 1941 (Date received local registrar) (b) C. G. McGaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd
year 1941 hour 11:58 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 5 1941, to Dec. 3 1941; that I last saw him alive on Dec. 3 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic diffuse nephritis	7 yrs.
Chronic myocarditis	6 mo.
Due to	
Due to	
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 Clevis Beckel (M. D. or other)
Address 3720 Washington Date signed 12-4-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1942

17 Lockwood, W.G.
RE-3200

Dr. Wm E. Becke
3720 Washington
TE 8498
HRS 11:30 - 1:30

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.