No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40457

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10209

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: Lutheran 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 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1000 16 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3872a Fairview 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bernard Alois Gertken
3. (b) If veteran, name war newborn
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 30 (Day) 1941 (Year)

8. AGE: Years | Months | Days 24 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation newborn
11. Industry or business
FATHER 12. Name John H. Gertken
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Margaret Mueller
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant John H. Gertken
(b) Address 3872a Fairview
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation OLDS. S. PETER + PAUL CEM
18. (a) Signature of funeral director E. J. Belmur
(b) Address 3125 Lafayette Av.
19. (a) DEC 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1941 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from November 30th, 1941, to December 23, 1941; that I last saw him alive on Dec. 23rd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration
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 [illegible] (M. D. or other)
Address 2553 Nebraska Date signed 12/23/41

(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~~ .....

Jos B Vollmer ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 So Jayette Ave

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.