

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis  
(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 Johns Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 da  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9040 St Charles Rock Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Arthur J Gerst

3. (b) If veteran, name war WWII 3 (c) Social Security No. XXXXXXXXXX

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

6. (b) Name of husband or wife Dorothy Gerst 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July 3 1900 (Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Resturant Owner

11. Industry or business

12. Name John Gerst

13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

14. Maiden name Barbara Minges

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

16. (a) Informant Dorothy Gerst

(b) Address Overland Mo

17. (a) Burial (b) Date thereof 6/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) JUN 5 1942 (Date received by local registrar) J. F. Bruders (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1942 hour 4:25 minute 4:25 M.

21. I hereby certify that I attended the deceased from Jan 10 1940 to June 3 1942 that I last saw him alive on June 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Blomerulo nephritis Duration 6 yrs

Due to diabetes mellitus 7 yrs

Due to

Other conditions cardiac decompensation 3 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations W

Of autopsy W

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 Herman J. Kueker (M. D. or other) MD  
Address 9621 Lackland Rd Date signed 6-4-42

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

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17  
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**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.....

*Al Artman*

Licensed Embalmer No.....

3478

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, fact should be so stated above.**