

BUREAU OF THE CENSUS
FILE SEP 4 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7292

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(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)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 South Spring, Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

John H. Gerken

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married.
6. (b) Name of husband or wife.....
Mamie Gerken,
6. (c) Age of husband or wife if alive. 56 years
7. Birth date of deceased January 8th, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 23
hr. min.

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

10. Usual occupation Police Officer

11. Industry or business

12. Name Henry Gerken
13. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Gerken
(b) Address 4011 South Spring Ave.

17. (a) Burial (b) Date thereof Sept. 2, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director J. G. Bredek
(b) Address 6409 Gravois Ave.

19. (a) AUG 31 1942 (b) J. G. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st,
year 1942. hour 5 minute 10 A. M.
21. I hereby certify that I attended the deceased from 27 August
1942 to 29 Aug 31 1942
that I last saw him alive on 29 Aug 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 min.

Due to Chronic Myocarditis 2-3
Coronary Sclerosis years

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Coronary Thrombosis
Coronary Sclerosis - Myocarditis

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 Charles M. Bauman (M.D.)
Address Botanical Bldg. St. Louis, Mo. Date signed 8/31/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *V E Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address. *6409 Gravois*.....

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.