

7. S. No. 2
OM-5-42
Rev. 5-17-39
X12871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12156**
Registrar's No. **3536**

APR 23 1943 818
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town. **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **8 days** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Charles F. Gerak**
3. (b) If veteran, name war. **NONE** 3. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, ~~Married~~ **Widowed**
6. (b) Name of husband or wife **Marie** 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased. **Jan. 7 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 5 hr. min.

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

10. Usual occupation **Printer**
11. Industry or business **(Retired)**

MOTHER FATHER

12. Name **Unknown**
13. Birthplace **Unknown** (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 **Virgil Gerak**
(b) Address **6542 Lindenwood Pl.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof. **4-15-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **C. Hoffmeister**
(b) Address **6484 Chippewa**

19. (a) **APP** (Date received local registrar) (b) **J. F. Bredeek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4016 Meramec**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4/12/43** day **12**
year **1943** hour **7:35** minute **P** M.
21. I hereby certify that I attended the deceased from **March 15 -**
1943 to **April 12, 1943**
that I last saw him alive on **April 12, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **1/18**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. P. Stetig** (M. D. or other) _____
Address **5817 Harrison** Date signed **4/17-43**

Dr. Habig
5817 Gravois
Office Hours

1 p.m. to 3 p.m.

APR 28 1943

APR 30 1943

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.....

Linus C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.