

10. 2
2-43
17-39
X35697

FILED APR 1944

Registration District No. 3046

Primary Registration District No. 1003

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: CITY SANITARIUM 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs 3 mos 18 ds
In this community 62 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: HILDA GERNER

3. (b) If veteran, name war: - 3. (c) Social Security No.

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

6. (b) Name of husband or wife: Charles GERNER 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: August 2 1881
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>27</u>hr.min.

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

10. Usual occupation: Housework

11. Industry or business: none

MOTHER FATHER {

12. Name: not known

13. Birthplace: not known Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name: not known

15. Birthplace: not known Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Thelma A. Singler

(b) Address: 5400 Arsenal St

17. (a) BURIAL (b) Date thereof: APRIL 1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: ST. MATTHEWS

18. (a) Signature of funeral director: E. J. Schurr

(b) Address: 3125 Lafayette Ave

19. (a) MAR 31 1944 (b) J. Thredick
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13⁰⁰⁰ 17⁹
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1116 S. 13th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1944 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 7-1-1938, 19... to March 29, 19...
that I last saw h er alive on March 29, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion 2 min.
Hypertensive Hearts Disease 5 yr

Due to.....

Due to.....

Other conditions: 9 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: Yes

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: Matth L. Moore (M. D. or other) H.D.
Address: 5400 Arsenal St. Date signed: 3-30-44

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

311

100 01

18

Jan 10

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

Joseph Vollmer

Licensed Embalmer No. *4014*

P. O. Address *Shus me*

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.