

FILED MAY 9 1944
318

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1014 Lami St.
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Leo Gerstner Sr.

3. (b) If veteran, name war No **3. (c) Social Security No.** _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced, widowed** Divorced

6. (b) Name of husband or wife Louise Gerstner **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased January 11, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>14</u>	

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

10. Usual occupation RR. Fireman

11. Industry or business _____

MOTHER FATHER

12. Name Joe Gerstner

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

14. Maiden name Don't know

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

16. (a) Informant Louise Horas

(b) Address 1014 Lami St.

17. (a) Burial Burial **(b) Date thereof** 4/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl

19. (a) Date received local registrar APR 27 1944 **(b) Registrar's signature** J. F. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 1st.
(If outside city or town limits, write "RURAL")

(d) Street No. 1014 Lami St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 5 year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 24 1944 to April 28 1944, that I last saw him alive on April 24 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration 7-8 days

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) no

(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 [Signature] (M. D. or other) _____

Address 5417 N. Grand Blvd Date signed 4-26-44

CE 1400
-77

8 to 11
Foster

4-12

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 Larry A. Stewart

Licensed Embalmer No. 3222

P. O. Address 412 Dushong

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.