

No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

State File No. \_\_\_\_\_  
Registrar's No. **5762**

**FILED JUL 12 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

**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:  
Good Samaritan Home, 4500 Washington Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs.  
In this community..... ? (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Minnie Gayk  
3. (b) If veteran, name war..... No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased October 3, 1860.  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
85 8 26 hr. min.

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

10. Usual occupation None

**MOTHER FATHER**  
11. Industry or business.....  
12. Name Gottlieb Gayk  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Dobinsky  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. F. J. Langhorst  
(b) Address 4500 Washington Blvd.

17. (a) Burial (b) Date thereof July 1, 1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 30 1946 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4500 Washington Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 29th  
year 1946 hour 6:15 minute P. M.  
**21. I hereby certify that I attended the deceased from** May 15  
1946 to June 27 1946  
that I last saw her alive on June 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
arteriosclerosis  
Due to.....  
Due to.....  
Other conditions lens cataracts  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings:  
Of operations.....  
Of autopsy.....  
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?

**23. Signature** H. F. Bergman (M. D. or other) MD  
Address 3720 Washington Date signed 6/30/46

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

20628

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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..... *Ralph C. Linden*.....  
Licensed Embalmer No. *4275*.....  
P. O. Address..... *St. Louis, Mo*.....

**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.**