

FILED AUG 2 1946
318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
1426 Salisbury Street
(d) Length of stay: 48 years
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1426 Salisbury Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CHARLES GAERTNER
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1946 hour 10:35 PM minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia (Burtin)
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: Feb. 19, 1878

21. I hereby certify that I attended the deceased from May 1 1946 to July 30 1946
that I last saw him alive on July 30 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 11
If less than one day _____ hr. _____ min.

Immediate cause of death: General Carcinomatosis 5-1-46
Duration _____

9. Birthplace: Waterloo, Illinois
(City, town, or county) (State or foreign country)

Due to: Carcinoma of colon 9-10-46

10. Usual occupation: Field Inspector

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

11. Industry or business: City Water Works

Major findings: H/O
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name: John Gaertner

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

14. Maiden name: Caroline Kraft

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

16. (a) Informant: Mrs. Solhia Gaertner
(b) Address: 1426 Salisbury Street

17. (a) Burial (b) Date thereof: 8/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Friedens Cemetery

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: Math. Hermann & Son
(b) Address: 2161 East Fair Avenue
19. (a) AUG 1 1946 (b) J. F. Brebeck
(Date received local burial) (Registrar's signature)

While at work _____ (Specify type of place) _____ means of injury _____
23. Signature: Thomas J. Byrnes (M. D. or other) M.D.
Address: 3802 N. Grand Date signed: 7-31-46

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

MOTHER FATHER

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.