

FILED SEP 30 1946  
318

STANDARD CERTIFICATE OF DEATH  
1003

State File No.

Registrar's No.

8185

Registration District No.

Primary Registration District No.

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community  
years, months or days)

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. 3308 A. Louisiana Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

William A. Gerecke

3. (b) If veteran,  
name war \*\*\*\*\*

3. (c) Social Security

No. 493-09-6934

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married,  
divorced Married

6. (c) Age of husband or wife if  
alive 55 years

6. (b) Name of husband or wife.....  
Edith Gerecke

7. Birth date of deceased January 14 1884  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62 yr

8

8

hr.

min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Coffee Roaster

11. Industry or business

Norwine Coffee Co

12. Name

August Gerecke

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Endersbach Eicholz

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant

Edith J. Gerecke

(b) Address

3308 A. Louisiana Ave

17. (c) Burial

(Burial, cremation, or removal)

(b) Date thereof

Sept 25 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation

New St. Marcus Cemetery

18. (a) Signature of funeral director

Ziegler Bros.

(b) Address

8409 Gravois Ave

19. (a)

SEP 23 1946

(Date received local registrar)

J. F. Brueck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day September  
year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from June  
1946 to Sept 1946;  
that I last saw him alive on Sept 22 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Coronary Angiopathy - Heart  
bleeding - Primary Gallbladder

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations Coronary artery atherosclerosis  
of great thoracic duct

Of autopsy.....

Duration

3 mo

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) (c) Means of injury.....

23. Signature A. W. Brueck (M. D. or other) MD  
Address 3651 Grand St Date signed Sept 23 46

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

MOTHER FATHER

*Mr. Stewart  
3651 Brantley St  
J-4430  
1/6/3*

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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..... *Harmer W. Drutz* .....

Licensed Embalmer No..... *3882* .....

P. O. Address.....

**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.**