

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI,
STANDARD CERTIFICATE OF DEATH

State File No. _____

35153

9314

Primary Registration District No. 1000

Registrar's No. _____

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:
2501 Semple Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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. 2501 Semple Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Gerne.

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Emma Gerne. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 10, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 20 hr. _____ min.

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

10. Usual occupation Jeweler, retired.

11. Industry or business _____

12. Name Conrad Gerne.

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 Mrs. Emma Gerne.

(b) Address 2501 Semple Avenue.

17. (a) Buried (b) Date thereof 11-1-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) OCT 31 1946 J. F. Prodeck
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th.
year 1946 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from May 11, 1943
to Oct. 30, 1946
that I last saw him alive on Oct 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Paroxysmal Nephritis Duration 3 yrs +

Due to No special Cause.

Other conditions Anaemia 1/21 Duration 2 Months

Major findings: Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Herman L. Winters (M. D. or other) _____
Address 3514 Hedert St. Date signed Oct 30

1946

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

Dr Herman Weiterer.
3514 Herbert Street.

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.....

Clément M. McHenry

Licensed Embalmer No. *3732*

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.