No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947 #76670

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29061

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8252

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Yrs. 4 Mons. 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-20

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2534 N Market St. 9
(If rural, give location)

Memorial

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY GERST

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Leo Gerst.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 4 (Month) 20 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Fred Jako. 5
13. Birthplace unknown (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Mary Gibbins
15. Birthplace U-known (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs Rose Gallagher
(b) Address 2534 N Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave.

19. (a) AUG 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1947 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from 8/20/47, 19, to August 26th 1947
that I last saw him alive on August 26th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Myocardial infarction

Due to arteriosclerotic heart disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place) Ascot Stratton MD.

23. Signature 1515 Lafayette 8/27/47 (M.D. or other)

Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

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.