

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35742

FILED OCT 22 1947

State File No. _____

Registration District No. 314318

Primary Registration District No. 607-6-1003

Registrar's No. 2216

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
125 E. Etta ave. ALEXIAN BROS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 125 E. Etta ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Oscar Genor

3. (b) If veteran, name war no

3. (c) Social Security No. 489-10-4993

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased September 10 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>1</u>	<u>8</u>	hr. min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation Tobacco Worker
Liggett & Myers Corp.

MOTHER FATHER

11. Industry or business.....

12. Name Gustave Reinholt

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

14. Maiden name Mary Richter
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Genor

(b) Address 125 E. Etta ave. Lemay

17. (a) Burial (b) Date thereof Oct. 21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 10-21-47 (b) Carl A. Schaffner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1947 hour 2 minute 15 a. M.

21. I hereby certify that I attended the deceased from Oct. 15
1947 to Oct. 18 19 47
that I last saw him alive on 10-18 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive (Pneumonia post operative) Duration 2 1/2 day

Due to.....

Due to..... 117.0

Other conditions ruptured pyloric ulcer 3 days
(Include pregnancy within months of death)

Major findings: as is **PHYSICIAN**

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?.....

While at work? no (Specify type of place)

(c) Means of injury.....

Signature Bruce S. Creahies (M. D. or other)

Address 252 S. Main, 7 way Rd Date signed 10/20/47

OCT 31 1947

OCT 28 1947

OCT 31 1947

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 *Harry J. Schumacher*
.....
Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.

Dear Sir:

We are writing you in reference to an error that has been made in filing the death certificate of the late Oscar Gauer, who died at the Alexian Brothers hospital in St. Louis, Missouri., October 18, 1947.

The certificate that is in error was filed in your Clayton, Missouri., registrars office in the St. Louis County Health Center office and the permit was issued for burial from there.

However this certificate should of been filed in the office at our St. Louis Health Department.

To-day we recieved the enclosed copies of death certificate which we requested and dicovered the error, so we are returning them to be corrected.

The error was in item #1. Place of death: and should read as follows:

#1 Place of death:

- (a) County.....
- (b) City or Town..St. Louis,
- (c) Name of hopital or institution: Alexian Brothers hospital

The certificate that you have and that was in error reads as follows:

#1 Place of death.

- (a) County . St. Louis
- (B) City or Town; Lemay
- (C) Name of Hospital or InstitutionL: 125 E. Etta ave.

Kindly correct this error and if there is an additional charge for the corrected certified copies, let us know and we will send the fee.

Respectfully,

C. Hoffmeister Undertaking & Livery Co.

By Richard G. Hoffmeister

5-35742

OCT 31 1947