No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39682

FILED DEC 15 1947

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 11158

1. PLACE OF DEATH:
(a) County ____
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul 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 ____

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. 2402a Marcus Avenue. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME LAWRENCE C. GERSMAN
3. (b) If veteran, name war ____
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 Jennie Gersman
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June 17th 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business ____

FATHER
12. Name Henry Gersman
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Jennie Beckman
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Jennie Gersman- Wife.
(b) Address 2402a Marcus Avenue.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Valhalla Cemetery
18. (a) Signature of funeral director Sullivan Brothers.
(b) Address 2849 North Euclid Avenue.
19. (a) DEC 5 - 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1947 hour 6:50 minute A.M.
21. I hereby certify that I attended the deceased from 9-16, 1947, to 12-5-, 1947 that I last saw him alive on 12-4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Gall Bladder (Primary)	6-mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Gall Bladder.
Of autopsy Same Pneumonia (Terminal)

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? ____ (e) Means of injury ____

23. Signature C. J. Javaux (M. D. or other)
Address 607 No Grand Blvd. Date signed 12-5-47

C. J. Javaux

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

Dr. Jevaeux Jl 9588
De Paul Hosp. Univ Clerk Bld
2⁰⁰ to 3⁰⁰ Pm Fri

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.