No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 31637

Registrar's No. 2085

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County -0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4612 Delmar Avenue 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME GERTKEN, Joseph J.
3. (b) If veteran, name war World I
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased April (Month) 24 (Day) 1895 (Year)

8. AGE: Years 53 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Fire alarm dispatcher
11. Industry or business
FATHER
12. Name Tobias Gertken
13. Birthplace - (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Marie Strautman
15. Birthplace - (City, town, or county) Germany (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l.Cem. Jeff.Bks.Mo.
18. (a) Signature of funeral director C.Hoffmeister U&L Co.
(b) Address 7814 S.Bdwy. St.Louis, Mo.
19. (a) 9-7-48 (Date received local registrar) (b) Cecil C. R. Sharp M.D. (Registrar's signature) ASC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1948 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from September 1, 1948, to September 2, 1948; that I last saw him alive on September 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death 1. MYOCARDIAL FAILURE — Duration Unk.
2. HYPERTENSIVE CARDIOVASCULAR DISEASE
Due to -
Due to -
93d
Other conditions -
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy Autopsy performed (See cause of death)

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) None
(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 E.C.O'Brien (M. D. or ~~other~~)
Address VAH, Jeff.Bks. Mo. Date signed 9/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1930

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 7874 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.