

S. No. 3906
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41468**
Registrar's No. **10743**

FILED DEC 23 1948 83347
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) **Memorial**
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County _____
(c) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 MONTGOMERY**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Otto Gerecke**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **7**
year **1948** hour **7** minute **10** AM.
21. I hereby certify that I attended the deceased from **11-29-48**
_____, 19____, to **12-7-48**, 19____;
that I last saw him alive on **12-7-48**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. AGENCY or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **SEPT 18 1872**
(Month) (Day) (Year)

Immediate cause of death **Peritonitis**
Due to **unknown cause**
Due to _____
Other conditions **Bronchitis pneumonia**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **Same**

8. AGE: Years **76** Months **2** Days **19** If less than one day
hr. _____ min. _____
9. Birthplace **BENTON MO.**
(City, town, or county) (State or foreign country)
10. Usual occupation **UNKNOWN**

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

MOTHER FATHER {
11. Industry or business _____
12. Name **AUGUST GERECKE**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **FREDERICKA SCHAFFER**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
16. (a) Informant **MARGARET KELLY**
(b) Address **2931 MULLAN PKY**
17. (a) **BURIAL** (b) Date thereof **12-13-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CALVARY**
18. (a) Signature of funeral director **Mullan-Kelly**
(b) Address **4386 Lindell**
19. (a) **DEC 13 1948** (b) **J. Lanster**
(Date received local health officer) (Registrar's signature)

23. Signature **Em S. Lanster** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date signed **12-7-1948**

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 Ralph W. Henson
Licensed Embalmer No. 3791
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.