

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3406**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **106**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JEFFERSON BRKS., MO.		c. LENGTH OF STAY (in this place) 4 DAYS	
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 3131 CHIPPEWA	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) F. c. (Last) GERFEN		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 11, 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/30/97
9. AGE (In years last birthday) 52 If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO SUPPLY REPRESENTATIVE		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (State or foreign country) TROY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HENRY GERFEN		13b. MOTHER'S MAIDEN NAME MARY TAKE	
14. NAME OF HUSBAND OR WIFE MILDRED GERFEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 495-07-9585	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION PNEUMONIA, LOBAR, RIGHT LOWER & MIDDLE INTERVAL BETWEEN ONSET AND DEATH _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) VA (MISSOURI) (MISSOURI)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1/7</u>, 19<u>50</u>, to <u>1/11</u>, 19<u>50</u>, and that death occurred at <u>6:10 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <i>Daniel L. Streicher</i> DANIEL L. STREICHER, M.D.		23b. ADDRESS VA HOSPITAL, JEFF BRKS., MO.	
23c. DATE SIGNED 1/11/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/11/50	
24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery, St. Louis, Mo.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 13 1950		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert R. Donike</i> Herbert R. Donike	
ADDRESS 3634 Gravois			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Delbert J. Kraspin* _____

Licensed Embalmer No. *3497* _____

P. O. Address *3634 Gravois* _____

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.