

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34818  
Registrar's No. 8560

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3818 CALIFORNIA AV.		d. STREET ADDRESS (If rural, give location) 3818 CALIFORNIA AV.			
3. NAME OF DECEASED (Type or Print) JOSEPH J. GATERMAN Sr.			4. DATE OF DEATH (Month) (Day) (Year) Oct-8-1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED M	8. DATE OF BIRTH MARCH-17-1884	9. AGE (In years last birthday) 66 YRS	10. MONTHS Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOSEPH H. GATERMAN		13b. MOTHER'S MAIDEN NAME CATHERINE M. EVOY		14. NAME OF HUSBAND OR WIFE IRMA GATERMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irma Gaterman 3818 California		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio Sclerosis Hypertension/heart DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ins.				INTERVAL BETWEEN ONSET AND DEATH Sudden  3 yrs
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Sept 2, 1950, to October 8, 1950, that I last saw the deceased alive on Oct. 7, 1950, and that death occurred at 12.40 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Julius Cher. Katter		(Degree or title) M.D.	23b. ADDRESS 2603 Cherokee St		23c. DATE SIGNED Oct. 9.50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct. 11-1950	24c. NAME OF CEMETERY OR CREMATORY CAL VARY Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D. BY LOCAL REG. OCT 10 1950	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette Ave		

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Geo B Volkmmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3195 Lafayette

**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.**