

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 43727

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar No. 10601

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Melville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Gerstner	4. DATE OF DEATH (Month) (Day) (Year)
				12/12/50

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Gustave Bungert	13b. MOTHER'S MAIDEN NAME Mary Stuppy	14. NAME OF HUSBAND OR WIFE Marcus
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15. WASTED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 188-05-7005	17. INFORMANT'S SIGNATURE OR NAME Francis Gerstner	ADDRESS 7205 Lindberg Dr.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Toxic Throat</i>		
	DUE TO (b) <i>Toxic Throat</i>		
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"/>
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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)
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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 2520
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22. I hereby certify that I attended the deceased from *Jan 24, 1950* to *Dec 11, 1950* that I last saw the deceased alive on *Dec 10, 1950*, and that death occurred at *4 a.m.*, from the causes and on the date stated above.

22a. SIGNATURE <i>Mohr & Stover</i> (Degree or title)	23b. ADDRESS <i>506 Olive St.</i>	23c. DATE SIGNED <i>12/15/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/15/50	24c. NAME OF CEMETERY OR CREMATORY Valle Spring Cem.	24d. LOCATION (City, town, or county) (State) St. Genevieve, Mo.
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DATE REC'D BY LOCAL REG. DEC 12 1950	REGISTRAR'S SIGNATURE <i>J. B. Luster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Leo C. Basler Fun. Home	ADDRESS St. Genevieve
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2178

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.