

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

318

1003

State File No. 2543

783

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 2722 Hampton

3. NAME OF DECEASED
a. (First) Oliver
b. (Middle) CARL
c. (Last) Gemmer

4. DATE OF DEATH (Month) (Day) (Year)
1 - 24 - 51

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH July 28, 1897

9. AGE (In years last birthday) 53
UNDER 1 YEAR Months _____ Days _____
UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Supt-Christian

10b. KIND OF BUSINESS OR INDUSTRY
Bbard of Education

11. BIRTHPLACE (State or foreign country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Alfred Gemmer

13b. MOTHER'S MAIDEN NAME
Mollie Moran

14. NAME OF HUSBAND OR WIFE
Minnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Minnie Gemmer-2722 Hampton

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glioma of brain, malignant
INTERVAL BETWEEN ONSET AND DEATH 6 mo.
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 NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
192X

22. I hereby certify that I attended the deceased from 1-17, 1951, to 1-24, 1951, that I last saw the deceased alive on 1-24, 1951, and that death occurred at 157A m., from the causes and on the date stated above.

23a. SIGNATURE JR Bradley (Degree or title) MD

23b. ADDRESS Barnes Hospital

23c. DATE SIGNED 1/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE 1/27/51

24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.

24d. LOCATION (City, town, or county) (State)
St. Louis, Missouri

DATE REC'D BY LOCAL REG.
JAN 25 1951

REGISTRAR'S SIGNATURE
J B Rasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wacker-Heldale 3634 Gravois

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.....
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.