F.S. No. 300
REV. 10.48

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

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2825

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0470

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2089
d. STREET ADDRESS (If rural, give location) 8561 Lowell St.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) H.
c. (Last) GERNGROSS

4. DATE OF DEATH (Month) JAN. (Day) 15, (Year) 1952

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH Nov. 17, 1900

9. AGE (In years last birthday) 51 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elevator Construction Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Gerngross

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Loretta Gerngross

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Loretta Gerngross **ADDRESS** 8561 Lowell St.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interscapillary Glomerulosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus

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? 2 leg X

22. *I hereby certify that I attended the deceased from* 1-6-52, *19*____, *to* 1-15-52, *19*____, *that I last saw the deceased alive on* 1-15-52, *19*____, *and that death occurred at* 11:38A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. J. Catanzaro M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 1-15-52

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

24b. DATE 1-18-52.

24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery

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

DATE REC'D BY LOCAL REG. JAN 16 1952

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. **ADDRESS** 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Signed.....
Student Embalmer

Licensed Embalmer No. 4708

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 2825
Local Registrar's No. 470

On this 6th day of February, 1952, before me appears Loretta Gerngross, who, upon her oath, states that the original record of death for William H. Gerngross died January 15, 1952, in the State of Missouri, and which was filed at St. Louis, Mo. on Jan. 16, 1952, should be corrected as follows:

Item No. 10a should read Elevator Construction Work
Instead of Retired Elevator Construction Work

Item No. ..... should read .....
Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Loretta Gerngross Wife
Relationship.

8561 Lowell Ave.
Present Address.

Subscribed and sworn to before me this 6th day of February, 1952

My Commission expires March 28, 1952.

Dorothy E. Hermann Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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