

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

KC-16 215 307

REG. # 100,733

APR 19 1952

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 966

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BRKS., MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In hospital) <b>27 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>6328 POTOMAC</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADM HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLES W. GERNGROSS</b>			4. DATE OF DEATH <b>4-10-52</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>2-16-97</b>		9. AGE (In years last birthday) <b>55 YRS.</b>		10. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESSMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>HENRY GERNGROSS</b>	
13b. MOTHER'S MAIDEN NAME <b>ANNA AMES</b>				14. NAME OF HUSBAND OR WIFE <b>LORETTA GERNGROSS</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS</b>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>				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) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/10</b>				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) <b>VA</b>		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 3-14-52, 1952, to 4-10-52, 1952, that I last saw the deceased on 4-10-52 and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph Smith</i> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>V.A. HOSP., JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>4-10-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 14, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>4-11-52</b>		REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S.Kingshighway Bl</b>	
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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

*Edwin A. McKeown*

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.