

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21997  
State File No. \_\_\_\_\_  
Registrar's No. 5964

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Dr. Eugene H. Rofess 554 Victor St  
LA 0510 3 to 6  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |                               |  |  |  |  |   |                              |
|---|-------------------------------|--|--|--|--|---|------------------------------|
| BIRTH NO. _____   |                               | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 5964  |                              |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |   |                              |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>   |                               | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>  |  | 2159  |                              |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gietner Home 5000 S. Broadway</u>   |                               |  |  | d. STREET ADDRESS (If rural, give location) <u>5000 S. Broadway</u>  |  |   |                              |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Gertrude</u>   |                               | b. (Middle) <u>Frank</u>   |  | c. (Last) <u>Frank</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6-24-1952</u>             |                              |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>  | 8. DATE OF BIRTH <u>6-21-1873</u>                            | 9. AGE (In years last birthday) <u>79</u>  | IF UNDER 1 YEAR Months _____   | IF UNDER 24 HRS. Hours _____  | IF UNDER 15 MIN. Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>Germany</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |                              |
| 13a. FATHER'S NAME <u>Gustave Reinhardt</u>   |                               |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>                     |  |  | 14. NAME OF HUSBAND OR WIFE _____                                     |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Bold</u>  |  | ADDRESS <u>4566 Varrelmann Ave</u>                                    |                              |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                            |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Mitral regurgitation (decompensated)</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Arterio sclerosis</u><br><u>Cystic goiter</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><br><u>years</u> |                              |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>410X</u>   |  |   |                              |
| 22. I hereby certify that I attended the deceased from <u>5/20</u> , 1952, to <u>6/24</u> , 1952, that I last saw the deceased alive on <u>6-4</u> , 1952, and that death occurred at <u>about 4 p.m.</u> , from the causes and on the date stated above. |                               |  |  |  |  |   |                              |
| 23a. SIGNATURE <u>P. J. Mooker, M.D.</u> (Degree or title)  |                               |  |  | 23b. ADDRESS <u>3554 Victor St (4)</u>   |  | 23c. DATE SIGNED <u>6/25/52</u>                                       |                              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>  |                               | 24b. DATE <u>6-26-1952</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u> |  | 24d. LOCATION (City, town, or county) (State) <u>3211 Sublette Ave</u> |   |                              |
| DATE REC'D BY LOCAL REG. <u>JUN 26 1952</u>   |                               | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>  |  | 25 FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhain Bros</u>   |  | ADDRESS <u>6409n Gravois Ave</u>                                      |                              |
| (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.....  
Student Embalmer

Signed..... *Van M. Sigmon*

Licensed Embalmer No. *4343*

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.