

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40247
10062

FILED DEC 2 1952

State File No. 10062
Registrar's No.

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|---|--|--|--|--|---------------------------------------|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2259 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3725 Pennsylvania Ave., | | | | d. STREET ADDRESS (If rural, give location) 24 3725 Pennsylvania Ave., | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Michael | | b. (Middle) August | | c. (Last) Gondro, | | 4. DATE OF DEATH (Month) (Day) (Year) October 31, 1952. | | | |
| 5. SEX Male. 0 | | 6. COLOR OR RACE White, | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, | | 8. DATE OF BIRTH March 2, 1889 | | | |
| 9. AGE (In years last birthday) 63 | | 10. IF UNDER 1 YEAR Months | | 11. IF UNDER 24 HRS. Hours | | 12. IF UNDER 24 HRS. Mins. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter | | | 10b. KIND OF BUSINESS OR INDUSTRY Midland Woolen Cap Co. | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, 0 | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME Norbert Gondro, | | 13b. MOTHER'S MAIDEN NAME Unknown, | | 14. NAME OF HUSBAND OR WIFE Lucy A. Gondro, | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. WW-1 | | 17. INFORMANT'S SIGNATURE OR NAME Lucy A. Gondro, | | ADDRESS 3725 Pennsylvania Ave., | | | |
| 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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 15 min. unknown | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none | | | | 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) St. Louis, Mo. | | | | | |
| 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? 4201 | | | | | |
| 22. I hereby certify that I attended the deceased from Nov. 1951, to 10/31/52, 1952, that I last saw the deceased alive on Sept. 1952, and that death occurred at 9:30P.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) R. A. Meyera M.D. | | | | 23b. ADDRESS 539 N. Grand | | 23c. DATE SIGNED 10/1/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, | | 24b. DATE 11-3-52 | | 24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri, | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 3 1952 | | REGISTRAR'S SIGNATURE K. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo. | | | | | |

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

135
6
11-1-55

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Colon E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,
P. O. Address St. Louis, 18, 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.