

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6198**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1885**

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. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marian Hosp.		STREET ADDRESS (If rural, give location) 16 3625 So Compton 2169	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) c. (Last) Gaertner			4. DATE OF DEATH (Month) (Day) (Year) 2-26-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-5-1880
9. AGE (In years last birthday) 74		10. MONTHS 21	11. IF UNDER 1 YEAR Days 21
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal	11. BIRTHPLACE (City and State or Foreign Country) Columbia Ill
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Not Known	
13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Louise Bourgeois Gaertner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 94-03-9943	
17. INFORMANT'S SIGNATURE OR NAME Louise Gaertner		ADDRESS 3625 So Compton	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 1 wk
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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 <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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 260x			
22. I hereby certify that I attended the deceased from Feb 20 1954 to Feb 26 1954 , that I last saw the deceased alive on Feb 20 1954 and that death occurred at 6P M. , from the causes and on the date stated above.			
23a. SIGNATURE J. S. Byrne MD		23b. ADDRESS 2752 S. Cherokee	
23c. DATE SIGNED 2-27-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-1-1954	
24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. MAR 1 1954		25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE ADDRESS 3819 S Grand Blvd	

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo J. Embalmer*.....
Licensed Embalmer No. 461

P. O. Address *St. Louis 10*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.