

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **54611**

No. 300
10-48

FILED JUN 24 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2149	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4969 Chippewa St		e. STREET ADDRESS (If rural, give location) 14 4969 Chippewa St	

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) Troy	c. (Last) Gaertner	4. DATE OF DEATH (Month) (Day) (Year) 6-16-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-6-1880	9. AGE (In years last birthday) 74	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) Dentist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Gaertner	13b. MOTHER'S MAIDEN NAME Margaret Dilly	14. NAME OF HUSBAND OR WIFE Anna Gaertner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Anna Gaertner	ADDRESS 4969 Chippewa St
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION Chronic myocarditis full dead suddenly 6-16-54 - 2:15 PM coronary wall OK	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Mortal conditions, if any, arising rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 422.2
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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?
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22. I, hereby certify that I attended the deceased from **3-15-52**, to **6-3-54**, that I last saw the deceased alive on **6-3-54**, and that death occurred at **6:15 P.m.**, from the causes and on the date stated above. **6-16-54**

23a. SIGNATURE (Degree or title) M. W. Hausloer M.D.	23b. ADDRESS 3124 Arsenal St	23c. DATE SIGNED 1-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6-19-1954	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) 3211 Sublette Ave. Mo
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DATE REC'D BY LOCAL REG. JUN 18 1954	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Siegenheim Bros.	ADDRESS 6409 Gravois Ave
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(Licensed Embalmers' Statement on Reverse Side)

Dr Gansloser 3624 Arsenal St
PR 2-4805
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.....
Van M. Sizemore

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