

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6678

FILED MAR 8 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 511

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>	c. CITY OR TOWN <u>WELLSTON</u> 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>		STREET ADDRESS (If rural, give location) <u>1529 KIENLEN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>	b. (Middle) <u>Gert</u>	c. (Last) <u>Gert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-55</u>
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5. SEX <u>M</u> 0	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> 2	8. DATE OF BIRTH <u>DEC 9 - 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>CARL GERT</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA MILHAE</u>	14. NAME OF HUSBAND OR WIFE <u>MARY-E. GERT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>WORK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ST. LOUIS COUNTY HEALTH DEPT</u>	ADDRESS <u>RECORDS, 50 BENTLEY</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of gt. internal carotid artery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH <u>10</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4200	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 2-14, 1955, to 2-24, 1955, that I last saw the deceased alive on 2-24, 1955, and that death occurred at 5:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph F. Ernst M.D.</u>	23b. ADDRESS <u>1601 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>2-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY - MO</u>
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DATE REC'D BY LOCAL REG. <u>2/28/55</u>	REGISTRAR'S SIGNATURE <u>Robert H. Romke, M.D.</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>B. Tammes</u>	ADDRESS <u>Natural Bridge</u>
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(Licensed Embalmer's Signature on Reverse Side)

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 *Elmo R. Caldwell*.....

Licensed Embalmer No. *407*

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.