

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **28420**  
Registrar's No. **7607**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 weeks</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>7 5816 Saloma</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>A.</b> c. (Last) <b>Gertmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 10 1889</b>	9. AGE (In years last birthday) <b>67</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soap Boiler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Soap</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago Ill.</b>
13a. FATHER'S NAME <b>John Gertmann</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Heckel</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Gertmann</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>492 07 3704</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen Gertmann</b>	ADDRESS <b>5816 Saloma</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Myocardial anoxia</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart</b>		years	
DUE TO (c) <b>Disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary embolus</b>			

19a. DATE OF OPERATION <b>July 31 56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gangrenous colon, strangulated hernia</b>	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT (Specify) <b>SOICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5615</b>

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 **July 31, 1956**, to **Aug 14, 1956** that I last saw the deceased alive on **Aug 14, 1956** and that death occurred at **4:12 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Siesener</b>	(Degree or title)	23b. ADDRESS <b>6000 W. Florissant</b>	23c. DATE SIGNED <b>8-15-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/17/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 16 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary</b>	ADDRESS <b>5967 W. Florissant</b>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.