

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35538**
Registrar's No. **8690**

FILED OCT 16 1956

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN St. Louis	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 3125 Tamm Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital 2			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) LORRAINE		b. (Middle) C.	
c. (Last) GERWINER		Month Sep. Day 19 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 21, 1919
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work discharging most of working life, even if retired) Teletype Operator	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph Gerwiner	
14. MOTHER'S MAIDEN NAME Agnes Kern		15. NAME OF HUSBAND OR WIFE -----	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		17. SOCIAL SECURITY NO. 495-18-4637	
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, ashenia, etc. - It means the disease, injury, or complication which caused death.		19. INFORMANT'S SIGNATURE OR NAME Joseph Gerwiner 3125 Tamm Ave.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary of R. Heart		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. metastatic tumor, bronch of stomach		DUE TO (b) of stomach	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X	
20. DATE OF OPERATION	21. MAJOR FINDINGS OF OPERATION		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
23. ACCIDENT SUICIDE HOMICIDE (Specify)	24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
26. TIME OF INJURY (Month) (Day) (Year) (Hour)	27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	28. HOW DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from Aug 1951 to Sept 19, 1956 , that I last saw the deceased alive on Sept 18, 1956 , and that death occurred at 12:45A m., from the causes and on the date stated above.			
30. SIGNATURE noting J. Haver		31. ADDRESS 506 Olive St	
32. DATE SIGNED 9/20/56		33. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
34. BURIAL, CREMATION, REMOVAL (Specify) Removal		35. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
36. DATE REC'D BY LOCAL REG. SEP 20 1956	37. REGISTRAR'S SIGNATURE J. Carl Smith		38. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser
39. ADDRESS 4228 S. Kingshighway Bl.		39. ADDRESS	

-M.B.
(Licensed Emballer's Statement on Reverse Side)

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 *Edwin M. Stewart*.....

Licensed Embalmer No. *302*

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.