

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14707

STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3232

300  
1-570

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY                              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>   |                                  | Length of stay in lb<br><b>4 Days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2635 Gurney Court</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Joseph</b> Middle <b>A.</b> Last <b>Gerk</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>2</b> Year <b>1957</b>  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>    | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 26, 1874</b>   |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Consultant - Mallinkrodt</b>  |                                  | 9b. KIND OF BUSINESS OR INDUSTRY<br><b>Chemical Works</b>   | 9. AGE (In years last birthday)<br><b>82</b><br>IF UNDER 1 YEAR: Months <b>9</b> Days <b>26</b><br>IF UNDER 24 HRS.: Hours <b>26</b> Min.               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Consultant - Mallinkrodt</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Chemical Works</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |
| 13a. FATHER'S NAME<br><b>Gerk</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>494-26-4914</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Corinne (Deceased)</b>  |
| 17. INFORMANT<br><b>Margaret Gerk</b>  |                                  |   | Address<br><b>2635 Gurney Court</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac decompensation &amp; cor pulmonale</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Chronic bronchitis &amp; asthma</b>  |                                  |   | <b>15 yrs</b>   |
| DUE TO (c) <b>Diabetes</b>   |                                  |   | <b>17 yrs</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Informatics of age</b>   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>260X</b>   |   |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY<br>STATE   |   |
| 21. I attended the deceased from <b>January 1940</b> to <b>April 2, 1957</b> and last saw her/him alive on <b>April 1, 1957</b><br>Death occurred at <b>1:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22. SIGNATURE<br><b>Paul A. Jensen, M.D.</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>3903 Olive</b>   | 22c. DATE SIGNED<br><b>4-2-57</b>   |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 22b. DATE<br><b>Apr. 5, 1957</b> | 22c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>   | 22d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Schumacher's</b> ADDRESS<br><b>3013 Meramec Street</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>4-3-1957</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b><br><b>m8B</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Jack Haupt* .....

Licensed Embalmer No. *4746*  
P. O. Address *St. Louis*

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.