

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037028

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2511

FILED SEP 28 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valley Park</u> Length of stay in 1b OR <u>year</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1175 W. Pershing</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) <u>Flora GEMMER</u> First Middle Last		<b>4. DATE OF DEATH</b> <u>August 26, 1962</u> Month Day Year	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Caucasian</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Unk.</u>
<b>9. AGE (last birthday)</b> <u>81</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>
<b>11. BIRTHPLACE</b> (City and state or country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>	
<b>13a. FATHER'S NAME</b> <u>Eward A. Noonan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Brennan</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Walter Scott Gemmer (Dec)</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>--</u>		<b>17. INFORMANT</b> <u>Gilbert Wright Atty., 509 Olive St.</u> Address	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>Dec 30, 1960</u> to <u>Aug 26, 1962</u> and last saw her <u>him</u> alive on <u>Aug 25, 1962</u> Death occurred at <u>1245</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <u>Robert D. Sanders, M.D.</u>		<b>22b. ADDRESS</b> <u>1502 Cass Av</u>	<b>22c. DATE SIGNED</b> <u>8-27-62</u>
<b>23a. BURIAL, CREMATION, or REMOVAL (Specify)</b> <u>Cremation</u>	<b>23b. DATE</b> <u>8-29-62</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>
<b>24. FUNERAL DIRECTOR</b> <u>Arthur J. Donnelly, 3840</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-28-62</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>John E. Murphy, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF STATE AMENDED

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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Mr. Ernest Sanders  
1502 Cass St. 9-12

**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. 4699

P. O. Address 5840 Lindell

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.