WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31413

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 1007 Registered No. 8565

City St. Louis (No. St. Anthony Hospital ..... St. ..... Ward)

2. FULL NAME John P. Gemmer

(a) Residence (Usual place of abode) No. 2336 Park ave St. 15 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Gemmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1838

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
81	3	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired - Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER H. William Gemmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER (Unknown) May

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT J. P. Gemmer (Address) 3700 - Utah Place

15. FILED ..... 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6th 1919

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1919, to Oct 6, 1919, that I last saw him alive on Oct 6, 1919, and that death occurred, on the date stated above, at 8.35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Suppurative Appendicitis

(duration) — yrs. — mos. 24 ds.

CONTRIBUTORY (SECONDARY) acute dilatation of heart

(duration) — yrs. — mos. — ds. 4 hrs

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 78

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 28, 1919

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Surgical operation

(Signed) Robert G. Schlueter, M. D

10/6, 1919 (Address) 514 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery

DATE OF BURIAL Oct 10 1919

20. UNDERTAKER Adolph Meyer L & U Co

ADDRESS 603 Park ave