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

JAN 16 1936

Do not use this space.

39189

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township — Primary Registration District No. 3016 — Registered No. 137

City Washington, Mo. (No. , St. Ward)

2. FULL NAME Catherine Marie Gerner.

(a) Residence, No. 415 Locust St. Washington Mo. St., 2nd Ward.
(Usual place of abode) Washington, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Gerner.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24th, 1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
7	70	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - -

10. Date deceased last worked at this occupation (month and year) Nov. 1935.

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Herman Grabenschroer

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT (ADDRESS) Theodore Gerner. Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic Cemetery. DATE Dec. 30th 1935.
Washington, Mo.

19. UNDERTAKER (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.

20. FILED Dec. 27 1935 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1923, to Dec 26 1935

I last saw her alive on Dec 26 1935. Death is said to have occurred on the date stated above, at 5:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Don't know

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Other contributory causes of importance:

Chronic myocarditis	Don't know

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. R. Cutler, M. D.

(Address) Washington Mo.