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.

SEP 15 1937

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

Do not use this space.

File No. 30323
Registered No. 21

1. PLACE OF DEATH
County: Cape Girardeau Co. / Registration District No. 125
Township: " " / Primary Registration District No. 3009
City: " " (No. St Francis Hospital St. Ward)

2. FULL NAME: Frank Gerhardt
(a) Residence, No. 38 S. Ellis St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11 - 1860
7. AGE: Years 76 Months 7 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Logsville Ky.

FATHER
13. NAME: Fred. Gerhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: Dort Kinof
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Jos. W. Gerhardt Cape Girardeau Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Mary's Cem. DATE: Aug 12, 1937
19. UNDERTAKER (ADDRESS): Walthus Und Co. Cape Girardeau Mo.
20. FILED: 8-10, 1937 J. M. Lampson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 10 - 1937
22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1937, to Aug 10 - 1937
I last saw him alive on Aug 10 - 1937 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of foot	

Other contributory causes of importance: arterio sclerosis

Name of operation: Amputation Date of: 7/28/37
What test confirmed diagnosis? Was there an autopsy?

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) John D. Pentzfield, M. D.
(Address)