

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH

County Warren

Township Easton

City

Registration District No. 851

Primary Registration District No. 6171

File No. 4219

Registered No. 6

(No. 1)

St.

Ward)

2. FULL NAME

(a) Residence, No. 625 N. M. F. Gerding

(Usual place of abode)

St. Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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

Anna L. Gerding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 9 1846

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

92

2

9

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)

Jan 19 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Warren Co., Mo.

FATHER

13. NAME

Henry Gerding

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

Germany

MOTHER

15. MAIDEN NAME

Elizabeth - Druellen

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

Germany

17. INFORMANT (ADDRESS)

Chas. Gerding, Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gerding Cem. DATE 1-21, 39

19. UNDERTAKER (ADDRESS)

F. N. Meeche, Warrenton, Mo.

20. FILED

Jan 21, 1939 A. W. Gehring Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 18 - 1939

22. I HEREBY CERTIFY That I attended deceased from

Jan 18 39 to Jan 18 39

I last saw him alive on Jan 8, 1939. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Carcinoma of face (right)
Senility

Date of onset

5 years

Other contributory causes of importance:

Ch. myocarditis & nephritis

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

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?

If so, specify

(Signed) Herbert N. Schmidt, M. D.

(Address) Marionville, Mo.

