

REC'D APR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10357  
Do not use this space.

1. PLACE OF DEATH *First Resumpt Hospital*

(a) County *Cape Girardeau* Registration District No. *124*

(b) Township *1* Primary Registration District No. *3009*

(c) City *Cape Gir* (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred *55* yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Florentine Gern*

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

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) *Hilda Gern*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 6<sup>th</sup> 1884*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>55</i>	<i>1</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as 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) *Cape Girardeau Mo.*

FATHER

13. NAME *Henry Gern*

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

MOTHER

15. MAIDEN NAME *Elizabeth Schwab*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Girardeau Mo.*

17. INFORMANT (ADDRESS) *Mrs. Hilda Gern Cape Gir Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cape Gir* DATE *3/8/39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Geisbaugh Fun. H. Cape Gir, Mo.*

20. FILED *3-8-39*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 8, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 22, 1938 to Mar 8, 1939*

I last saw him alive on *March 7, 1939*. 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:

*Diabetic about Apr. 1938*

Date of onset *Apr. 1938*

Other contributory causes of importance: *59*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) *W. A. Schoen*, M. D.

(Address) *Cape Girardeau Mo.*

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.

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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, .....

*W H Estes*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*W H Estes*

Licensed Embalmer No. ~~35~~ 3568

P. O. Address *Cape Gir, W*

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 this body is not embalmed, above space should be left blank.