REC'D AUG 11 1939

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

25112
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 784
(c) or City St. Joseph — (d) Street No. 3311 Mitchell St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 75 yrs. 5 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

11
5
7

2. PRINT FULL NAME 635 Gustav Gerding.
(a) Residence, No. 3311 Mitchell St. (Usual place of abode, if no street address, write county or city) (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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Leota Gerding
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 24, 1864
7. AGE: Years 75 — Months 5 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Monumental Sales
9. Industry or business in which work was done, as saw mill, bank, etc. & Mfg. Co.
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): Unknown 9

FATHER
13. NAME: Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Mrs. D. L. Fraser, 3311 Mitchell, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE July 29, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. 1946 Colhoun, St. Joseph, Mo.
20. FILED July 29, 1939 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to July 27, 1939
I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Deg	
93C	

Other contributory causes of importance: Prostatic Enlarged

Name of operation ..... 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) Walter O. Myers, M. D.
(Address) Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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