WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

31

OCT 19 1939

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

32288
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess 2 Registration District No. 254

(b) Township Marion 1 Primary Registration District No. 5358 Registered No. 15

or

(c) City ..... (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 647 Andrew M. Gerlach

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inez GERLACH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOv 26/1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	7	29	

OCCUPATION

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

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

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) Mo 0

FATHER

13. NAME George M. Gerlack 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER

15. MAIDEN NAME Sarah Ann Gibler

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

17. INFORMANT (ADDRESS) Mrs Inez Gerlach Pattonsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Civilbend, C. DATE 7/27/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G S Cromer Pattonsburg, Mo.

20. FILED Oct 10, 1939 Frances C Sutton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 1933, to July 25, 1939

I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 7/30 m. P.M.

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

	Date of onset about
Carcinoma prostate,	1937
51	

Other contributory causes of importance:

myocarditis -

Name of operation Transurethral Resection Date of 1933-1938

What test confirmed diagnosis? Laboratory 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? .....

If so, specify .....

(Signed) Fred K. Wilson, M. D.

(Address) Winston Mo

(Licensed Embalmer's Statement on Reverse Side)

I X16605

RECEIVED
District [illegible]
District File No. 1039-2371
Date Filed OCT 17 1936

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 G S Grosner

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

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.