

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36437

State File No. _____

Registration District No. 42037 NOV 7 1939 Primary Registration District No. 3022

Registrar's No. 62

1. PLACE OF DEATH:
(a) County Jefferson Co
(b) City or town Desoto Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
506 Blaw St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 years
years, months or days

3. (a) PRINT FULL NAME William Augustus Deerr
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Gerhard
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July - 28 - 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 20 hr. min.

9. Birthplace Hillsboro Mo
(City, town, or county) (State or foreign country)

10. Usual occupation car inspector (ret)

11. Industry or business _____

MOTHER FATHER
12. Name Corad Deerr
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mochman
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Deerr
(b) Address 623 1/2 Odell St.

17. (a) Burial, cremation, or removal Desoto Mo.
(b) Date thereof Oct 20 - 1939
(Month) (Day) (Year)

18. (a) Signature of funeral director J Lee Motherhead
(b) Address Desoto - Mo.

19. (a) 10-23-39 (b) Jeneva Danell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town Desoto
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Blaw St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1939 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10:39 p.m. Oct 18 to 10:39 p.m. Oct 18
that I last saw him alive on Oct 18 and that death occurred on the date and hour stated above.

Immediate cause of death Heart respiration not known
of heart

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify kind of place)
(a) Character of injury _____
23. Signature Matthie Gibson (M. D. or other) 10-19-39
Address Desoto Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 M. Mathews

Licensed Embalmer No. *3521*

P. O. Address *29 Sato rd*

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.