

NOV 15 1940

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

35267
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin 20 Registration District No. 1104
(b) Township Bone Primary Registration District No. 5415 Registered No. 13
(c) City Gerald or (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Franklin Co., Mo. St. Rural
(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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19th 1873
7. AGE YEARS 67 MONTHS 7 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Champion City Mo.
13. NAME Ernest Gehlauf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Rumbwitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mary Gehlauf Geraldine
18. BURIAL, CREMATION, OR REMOVAL St. Paul Cemetery DATE 10/10/40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. E. Ottmann Geraldine
20. FILED 10-9-40 Charles A. Schmidt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1940 to Oct 8 1940
I last saw him alive on Sept 19 1940 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 9/10
Other contributory causes of importance: Chronic Prostatitis
Name of operation None 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) J. J. Matthews M. D.
(Address) Beaufort Mo

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.

I X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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.