

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35708

Registration District No. 470

Primary Registration District No. 3433

State File No. _____

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2369 days
In this community 2369 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Berger
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Floyd J. Gelow

3. (b) If veteran, No name war. 3. (c) Social Security No. None

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Josephine Gelow 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased. November 21 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 11 3 hr. min.

9. Birthplace Steger Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Quarryman

11. Industry or business stone

12. Name Chris Gelow

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Edith Johnson

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Berger (b) Date thereof Oct 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger MO

18. (u) Signature of funeral director W. B. O'Connell

(b) Address Mt. Vernon MO

19. (a) 10-29-40 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1940 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from May 3, 1934
1934 to Oct. 29 1940

that I last saw him in alive on Oct 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

for Unknown Related Pul. Tbc.

Due to myocardial infarct 10 days

Due to _____

Other conditions 78
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? 421

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature James W. O'Connell (M. D. or other) MD

Address Mt. Vernon, MO Date signed 10-29-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 24 1957

OCT 25 1951

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.....

George B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

Mr. Remond

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

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