

No. 2  
1-4-41  
-17-39  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26230

Registration District No. 1041784

Primary Registration District No. 200

Registrar's No. 1593

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Months  
(Specify whether  
In this community Not known  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8802 Jennings Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Vinnie M. Gerrard

20. DATE OF DEATH: Month July day 29th  
year 1941 hour 3:30 AM minute ..... M.

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

21. I hereby certify that I attended the deceased from Oct 1939 to July 29 1941  
that I last saw her alive on July 28 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

Immediate cause of death Cardiac Decompensation Duration 2 weeks

6. (b) Name of husband or wife Fred A. Gerrard 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November 5, 1861  
(Month) (Day) (Year)

Due to A. sclerosis 2.0mat

8. AGE: Years 79 Months 8 Days 24 If less than one day ..... hr. ..... min.

Due to Senility and excessive heat important factors

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

Other conditions (include pregnancy within 3 months of death) 95C<sup>2</sup>

10. Usual occupation At home

Major findings: Of operations ..... Of autopsy .....

11. Industry or business .....

12. Name Henry Schultz

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

14. Maiden name Unknown

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

16. (a) Informant Oscar Erting

(b) Address 8802 Jennings Rd.

17. (a) Burial (b) Date thereof 7/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave  
19. (a) JUL 29 1941 JR Meyer MD  
(Date received local registrar) (Registrar's signature)

PHYSICIAN .....  
Underline the cause to which death should be charged statistically.

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 type of place) (e) Means of injury .....

23. Signature J. Campbell (M. D. or other) .....

Address 1128 1/2 N. Main St. Jennings Mo Date signed July 29 1941

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

0600

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**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.....

*Henry Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, 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, fact should be so stated above.**