

U. S. No. 2  
OM-1-4-41  
Rev. 5-17-39  
I X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17426

State File No. 193

Registrar's No. 537

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days. (Specify whether  
In this community 64 years, years, months or days)

3. (a) PRINT FULL NAME Anna G. Gechter  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Calvin P. Gechter  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 15th, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 10 5 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown, Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Mitchell  
15. Birthplace Unknown, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles O. Beck  
(b) Address 402 So. 15th. Street

17. (a) Burial (b) Date thereof 5/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Harold J. Brown  
(b) Address 319 So. 10th. Street, Hannibal

19. (a) 5-22-42 (b) Rose Hengog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 South 15th. Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th  
year 1942 hour 9:00 minute 30a M.

21. I hereby certify that I attended the deceased from May 14  
1942 to May 20, 1942  
that I last saw her alive on May 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Hypertension and obesity  
Due to

Other conditions Syphilis  
(Include pregnancy within 6 months of death) 30g

Major findings:  
Of operations

Of autopsy Cardiovascular renal disease  
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 Harold J. Brown (M. D. or nurse)  
Address Saint Joseph, Mo. Date signed 5-22-42

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

11  
1  
7

**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 5-20-42

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm E. Quinn

Licensed Embalmer No. 3007

P. O. Address 519 So. 10 Memphis 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.**