

FILED NOV 25 1946
213

State File No.

Registration District No.

Primary Registration District No. 5914

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural - Braxear
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 94-2-29 (Specify whether

In this community 94-2-29 years, months or days)

3. (a) PRINT FULL NAME Maria Linna Gerler

3. (b) If veteran, name war _____ 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 Frederick 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 1852 (Month) (Day) (Year)

8. AGE: 94 Years 2 Months 29 Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Gottlieb Hintner

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

14. Maiden name Lorenz

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

16. (a) Informant Martin Gerler

(b) Address Altensburg, Mo.

17. (a) Rural (b) Date thereof 11-12-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altensburg Mo

18. (a) Signature of funeral director Yancy & Sons

(b) Address Perryville Mo

19. (a) Nov 12 - 1946 (b) Josef Zuelma (Date received local receipt) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural

(d) Street No. 6 miles so. of Altensburg (If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 9 year 1946 hour 10 minute 20 a. m.

21. I hereby certify that I attended the deceased from December 22nd 1944 to November 9 1946 (that I last saw her alive on November 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death.

Gangrene left leg Duration 2 days
Due to Arteritis

Due to Arteriosclerosis, General

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 99

L 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? 11

While at work? (Specify type of place) (Specify means of injury)

23. Signature Theodore Fischer (M. D. or other) M. D.
Address Altensburg, Mo. Date signed 11-9-46

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

9
0
3

NO. 4
File Number 1146-2891
Date Filed 11-25-46

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 Charles Young
Licensed Embalmer No. 12138
P. O. Address Permyllmo

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.