

S. No. 2
DM-5-43
v. 5-17-39
X 36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3990

State File No. _____

FILED FEB 24 1947

Registrar's No. 237

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. 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 25 Days
In this community 65 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 No. 2nd. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. *

3. (a) PRINT FULL NAME Mary Magdalen Gerstner

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 Andrew 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased May 7 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>10</u>	hr. min.

9. Birthplace Unknown - Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Self

12. Name William H. Meyer

13. Birthplace Unknown - Denmark
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Miss Katherine Gerstner
(b) Address 1318 No. 2nd. St.

17. (a) Burial (b) Date thereof Feb. 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Norman W. Siduladew
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 2-19-47 (b) L. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1947 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan. 27 1947 to Feb. 17 1947.
that I last saw her alive on Feb. 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cyst of liver (etiology unknown) Duration 1 mo.

Due to _____

Due to _____

Other conditions Hepatitis - degenerative 1 mo.
Astero-sclerosis - general

Major findings: Cyst of liver PHYSICIAN

Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy none 25 B

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? _____
(Specify type of place) (e) Means of injury _____

23. Signature E. T. Blouner M. D. _____
Address 1218 N. 3rd St. St. Joseph, Mo. Date signed 2-17

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

Elmer Powers

Licensed Embalmer No.

2640

P. O. Address

St. Joseph 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.