

No. 2
5-43
9-17-39
1-256671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10402

State File No.

FILED APR 2 1947

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 47

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Gerlemann, Arthur
3. (b) If veteran, 0 name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov, 20, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 3 24 hr. min.

9. Birthplace St Charles, Co
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

11. Industry or business
12. Name William Gerleman
13. Birthplace St Charles, Co
(City, town, or county) (State or foreign country)
14. Maiden name Emma Hendersman
15. Birthplace St Charles
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Gerleman
(b) Address Defiance, Mo
17. (a) Burial (b) Date thereof March 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Schluesberg, Mo

18. (a) Signature of funeral director Walter Muehler
(b) Address Wentworth Ave
19. (a) March 18-47 (b) Francis Hamster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
1947 year hour 5:26 minute A. M.
21. I hereby certify that I attended the deceased from 2/15, 1947, to 3/15, 1947
that I last saw him alive on 3/14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute ulcerative colitis 5 days
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
12.0B

Major findings: Duodenal ulcer
Of operations
Of autopsy none
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?

(Specify type of place) While at work? (e) Means of injury
23. Signature F. H. Muehler (M. D. or other) M.D.
Address St. Charles, Mo Date signed 3/15/47

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

294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed *4-1-77*

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 *Marvin M. Murrison*
Licensed Embalmer No. *24610*
P. O. Address *Wentworth St.*

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.

State File No. April
Registrar's No. 47

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

Arthur Herlemann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Nov 20 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 3 (if less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

13. (c) Signature of funeral director _____

(b) Address _____

19. (a) 3/18/47 (b) Hannie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St G Lewis rd 2000 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1947 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

10402