

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26495

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>5324</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford - BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY OR TOWN <u>Burton Rural</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Burton S.P.I. West</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1/2 M.W. & Kamb</u>				d. STREET ADDRESS (If rural, give location) <u>on Hugo Road</u>			
3. NAME OF DECEASED (Type or Print) <u>Louis</u>		a. (First) _____		b. (Middle) <u>H</u>		c. (Last) <u>Gerth</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1949</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 28-1861</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>		IF UNDER 1 HOUR _____		IF UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. (D)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Gerth</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Anna Burnett Gerth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Gerth</u> ADDRESS <u>312 22 1/2 Broadway St. Louis 4, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>11500</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 30, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>7-30</u> , 19 <u>49</u> , and that death occurred at <u>1:50 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ronald H. Scott</u> (Degree or title) _____				23b. ADDRESS <u>Bourbon Mo</u>		23c. DATE SIGNED <u>7-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gerth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 1/2 Mi. NW. Burton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/3/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cuba, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-12-49

District Health Officer No. 5,

District File Number 849572

Date Filed 8-13-49

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.....

Student Embalmer No.

working under my personal supervision.

Signed *W. P. Franklin*

Signed.....

Student Embalmer

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.