

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22027**
Registrar's No. **5280**

FILED JUN 27 1952

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5280	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 2 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2269
d./FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 26 2001 Angelrodt			
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) J.		c. (Last) GEHRIG		4. DATE OF DEATH (Month) (Day) (Year) 6 9 52	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH March 7, 1903		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Charlie Ivey			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Melvin Gehrig		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elvin Gehrig 2001 Angelrodt			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Neurothorax right side, left leg; following injuries sustained in accident on Highway 66 one half mile east of Mitchell, Ill. on May 25, 1952 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) See collision between car operated by one My-Coway & one operated by [unclear] between [unclear] in which [unclear] was riding in [unclear] accident					INTERVAL BETWEEN ONSET AND DEATH 2 1/2
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			19c. HOW DID INJURY OCCUR? E 8164-26		
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Mitchell Ill		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 25 52	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (In Gross or title) William B Taylor, Coroner				23b. ADDRESS 300 Clark		23c. DATE SIGNED 6.9.52	
24a. BURIAL, CREMATION, REMOVAL (Specify), Removal 2		24b. DATE June 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Crabtree		24d. LOCATION (City, town, or county) (State) Litchfield, Illinois	
DATE REC'D BY LOCAL REG. JUN 9 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F. Home 2301 Lafayette Ave			

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

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.

Student
Student Embalmer

Signed H. G. Jarnas

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette Ave

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.