No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9567

State File No.

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PERRYVILLE
c. LENGTH OF STAY (in this place): 9 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PERRY CO. MEMORIAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE 051
c. CITY OR TOWN: STE. GENEVIEVE
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 682 MARKET ST

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): EDMUND
c. (Last): GEGG

4. DATE OF DEATH (Month) (Day) (Year): MARCH 21 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 14 1885
9. AGE (In years last birthday): 68 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): RIVER AUX VASES MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLES F. GEGG
13b. MOTHER'S MAIDEN NAME: MARY KLUMP
14. NAME OF HUSBAND/OR WIFE: ANNA VOLT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Edgar Gegg — **ADDRESS**: Ste. Genevieve Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES [ ] NO [X]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 20 March 1954, *to* 21 March 1954 *that I last saw the deceased alive on* 20 March 1954, *and that death occurred at* 7:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Grayson, M.D.
23b. ADDRESS: Perryville Mo
23c. DATE SIGNED: MAR 25 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 23 1954
24c. NAME OF CEMETERY OR CREMATORY: VALLE SPRING
24d. LOCATION (City, town, or county): STE. GENEVIEVE — (State): MO

DATE REC'D BY LOCAL REG.: 3-24-54
REGISTRAR'S SIGNATURE: Jos J Zoellner 250
25. FUNERAL DIRECTOR'S SIGNATURE: Rene Barlow — **ADDRESS**: Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 47

P. O. Address Ste. Gen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.