

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19187

FILED JUN 20 1955

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 27

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| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON | |
| b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN DE SOTO | | c. CITY OR TOWN DE SOTO | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 218 S. MAIN ST. | | e. STREET ADDRESS (If rural, give location) COMMERCIAL HOTEL | |

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| 3. NAME OF DECEASED a. (First) Louis b. (Middle) C. c. (Last) GERARD | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 1955 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH AUG 13 1888 |
| 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY TROCKING | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME CHARLES GERARD | 13b. MOTHER'S MAIDEN NAME EMILY BARPAU | 14. NAME OF HUSBAND OR WIFE MARY GERARD |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW1 | 16. SOCIAL SECURITY NO. 490 204007 | 17. INFORMANT'S SIGNATURE OR NAME BERTHA GERARD | ADDRESS KIMMSWICK, MO. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Failure | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. E Tachycardia paroxysmal | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **April 29, 1955**, to **June 11, 1955**, that I last saw the deceased alive on **June 11, 1955**, and that death occurred at **4:20 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Chas. E. Owen, MD | 23b. ADDRESS DE SOTO, MO. | 23c. DATE SIGNED 6/13/55 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 6/15/55 | 24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY | 24d. LOCATION (City, town, or county) (State) JEFFERSON BRK. MO. |
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| DATE REC'D BY LOCAL REG. 6-15-55 | REGISTRAR'S SIGNATURE Marie Ferris | 25. FUNERAL DIRECTOR'S SIGNATURE MAHN FUNERAL HOME | ADDRESS DE SOTO, MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 18 1955

AUG 9 1955

JUN 31 1955

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.....
Signature of Student Embalmer

Signed *Daniel J. Mahan*.....

Licensed Embalmer No. *472*.....

P. O. Address *De Soto*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.