

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19822

State File No. \_\_\_\_\_

FILED JUL 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 03 PRIMARY REG. DIST. NO. 3010 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>4 MO.</u>	c. CITY OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>90</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ottlie</u> b. (Middle) _____ c. (Last) <u>Gerler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21, 1880</u>
9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 Hrs. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frederick Boehmer</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Eichhorn</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Gerler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Gerler Wittenberg, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Thrombosis</u>	
DUE TO (c) <u>Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cardio-Vascular Renal Syndrome</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	<u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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>3/9, 1956</u> , to <u>7/4, 1956</u> , that I last saw the deceased alive on <u>7/4, 1956</u> and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. J. Newell</u> (Degree or title) _____		23b. ADDRESS <u>285 Spanish Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>7/6/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Altenburg, Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-11-56</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Summers Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Remyell m.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed... *Wallace Young* .....

Licensed Embalmer No. *402*

P. O. Address *Perryville*

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.