

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

13616

1. PLACE OF DEATH  
 26 County Cole Registration District No. 214  
 Township Moreau Primary Registration District No. 294  
 City (No. Ward)

2. FULL NAME Christian Gemeinhardt  
 (a) Residence. No. Russellville, St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 14th, 1931 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931 to April 13, 1931 that I last saw him alive on April 12, 1931, and that death occurred, on the date stated above, at 3-30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5th, 1849

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 2 9

J.H. Apoplexy  
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

CONTRIBUTORY (SECONDARY)  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Bavaria  
 (STATE OR COUNTRY) Germany 10

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER John Gemeinhardt

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. L. Leslie, M. D.

12. MAIDEN NAME OF MOTHER Anna Heritz

4/15, 1931 (Address) Russellville Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Adam Gemeinhardt  
 (Address) Russellville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Stringtown Cemetary Apr. 16th 1931

15. FILED April 1931 Hugh L. Eulos  
 REGISTRAR

20. UNDERTAKER ADDRESS

G.N. Steffens Russellville,

MO.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAY 2 1 1931

