

Dr. D. and C. Loe
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5156

23

1. PLACE OF DEATH

2.6 County Cole Registration District No. 213
 2.5 Township Primary Registration District No. 3014
 2.0 City Jefferson City (No. St. Ward)

2. FULL NAME Gerhold Joseph Echerlie

(a) Residence, No. 1506 East High St. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Arthur F. Eckerlie

14. BIRTHPLACE (CITY OR TOWN) California, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Imohoff

16. BIRTHPLACE (CITY OR TOWN) Prarie Home, (STATE OR COUNTRY) Missouri

17. INFORMANT A. F. Eckerlie (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Feb. 1, 33

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City, Missouri

20. FILED 2/6/1933 Dr. D. and C. Loe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 33

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 31, 1932 to Feb. 1, 1933

I last saw him alive on Dec 31, 1932. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
(Birth-spontaneous)
16 1/2 C

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Dr. D. and C. Loe, M. D.
 (Address) Jefferson City, 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.

