

Dr. Ossman
REC'D MAY 11 1938

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

14416
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township..... Primary Registration District No. 3014 Registered No. 128
(c) City Jefferson (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gerhardt H. Crevelt 614

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 17 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Crevelt</u>				I HEREBY CERTIFY, That I attended deceased from <u>Mar. 15 1938</u> to <u>April 16 1938</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-19-1866</u>				I last saw him alive on <u>April 16 1938</u> Death is said to have occurred on the date stated above, at <u>8:00 a.m.</u>	
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>29</u>	The principal cause of death and related causes of importance were as follows: <u>Generalized atherosclerosis & gangrene of left leg</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Cabinet Maker</u>		11. Total time (years) spent in this occupation <u>55</u>		Other contributory causes of importance: <u>Hypertensive heart disease</u> <u>Amputation 4-12-38</u> Date of onset <u>45 1/2</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) <u>4 yrs. age</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City, Mo.</u>				Name of operation <u>Amputation</u> Date of <u>4-12-38</u>	
FATHER	13. NAME <u>John Crevelt</u>			What test confirmed diagnosis? Was there an autopsy? <u>Yes</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			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.	
MOTHER	15. MAIDEN NAME <u>Elizabeth Keller</u>			Manner of injury	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			Nature of injury	
17. INFORMANT <u>Mrs. Gerhardt Crevelt</u> (ADDRESS) <u>Jefferson City, Missouri</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem</u> DATE <u>Apr-19-1938</u>				(Signed) <u>Arthur A. Ossman, M.D.</u> (Address) <u>Jefferson City, Mo.</u>	
19. FUNERAL DIRECTOR <u>W. H. Gordon</u> (ADDRESS) <u>Jefferson City, Mo.</u>				Local Registrar <u>W. H. Gordon</u> (Address) <u>Jefferson City, Mo.</u>	
20. FILED <u>41329138</u>					

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)