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.

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ste. Genevieve | Registration District No. 780 | File No. 19428
Township Ste. Genevieve | Primary Registration District No. 6025 | Registered No. 32
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Gegg 200
(a) Residence No. ..... 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30 1855

7. AGE: YEARS 82 | MONTHS 8 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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) (STATE OR COUNTRY): Lancaster Penn

FATHER
13. NAME: Severin Gegg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden Germany

MOTHER
15. MAIDEN NAME: Rosine Enit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden Germany

17. INFORMANT (ADDRESS): Lawrence Gegg Coffman Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Coffman Mo DATE: June 2 1938

19. UNDERTAKER (ADDRESS): Leo E. Basler Ste. Genevieve Mo

20. FILED May 31, 1938 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to May 31, 1938
I last saw h(N) alive on May 30, 1938. Death is said to have occurred on the date stated above, at 8:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1937
46B	
Other contributory causes of importance: Chronic Myocarditis	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Arthur E Sexauer, M. D.
706 (Address) Ste Genevieve Mo