

REC'D FEB 21 1939

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

1892
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 131
(b) Township Randolph Primary Registration District No. 6-182 Registered No. _____
(c) City Egypt Mills (d) Street No. _____ St. _____
(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 64 Minnie Gerlach

(a) Residence, No. Egypt Mills 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

3. SEX Female 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 Theo. Gerlach
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 88 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Hswrker
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) Germany

FATHER 13. NAME Henry Niedling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Germany

MOTHER 15. MAIDEN NAME Wilhelmenia Roland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Germany

17. INFORMANT (ADDRESS) T. L. Gerlach Cape Girardeau, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Egypt Mills Cem. DATE 2-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Haman's Funeral Home Cape Girardeau Mo.

20. FILED 2-6 1939 Oliver J. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Feb 1, 1939
I last saw her alive on Feb. 1, 9:30 p.m. 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Arterio sclerosis about 1.39 Date of onset

Other contributory causes of importance: 97

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. A. Schwen, M. D.

(Address) Cape Girardeau 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.

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

Registered Apprentice No....., working under my personal supervision.

Signed

L. L. Haman

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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 this body is not embalmed, above space should be left blank.