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.

26
3
5

REC'D AUG 9 1939

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

Do not use this space.

25424

1. PLACE OF DEATH
County Cole
Registration District No. 213
File No.
Township
Primary Registration District No. 3014
Registered No. 172
City Jefferson City (No. , St. Mary's Hosp. St. Ward)

2. FULL NAME Theodore Gerschefske
(a) Residence, No. St., Ward. Freedom Mo
(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. 5 How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. disabled
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) Freedom Mo

FATHER
13. NAME August Gerschefske
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Martha Heinamann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Richard Gerschefske Freedom Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedom Mo DATE July 23, 1939

19. UNDERTAKER (ADDRESS) Seaton Pewitt Linn Mo

20. FILED 7/22/1939 S. V. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1939, to 7/21/, 1939
I last saw him alive on 7/21/, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic parenchymatous nephritis

Date of onset

Other contributory causes of importance: 121

Name of operation none 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) S. V. Bedford, M. D.
(Address) Jefferson City, Mo