

FILED MAR 14 1940

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

7852
Do not use this space.

1. PLACE OF DEATH *Rolla* 2
(a) County *Spencer* Registration District No. *726*
(b) Township *New London* Primary Registration District No. *4432* Registered No. _____
(c) City *New London* (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. da.
2. PRINT FULL NAME *Alma Elizabeth Gerling*
(a) Residence, No. *Center, Mo., R.F.D.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 8 1883</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>4</i>
	DAYS <i>28</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>None</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Sept 1940</i>	11. Total time (years) spent in this occupation <i>1 1/2</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Madrid / Iowa</i>		
FATHER	13. NAME <i>Chas F. Gerling</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Luisa Birtcher</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Mrs Fred Birtcher / New London Mo</i>		
18. BURIAL, CREMATION OR REMOVAL PLACE <i>Center</i> DATE <i>3/8 40</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Wesley W. Birtcher / Center, Mo</i>		
20. FILED _____, 19 _____ Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6 1940*

22. I HEREBY CERTIFY, That I attended deceased from *March 2*, 19*40*, to *March 6*, 19*40*
I last saw ~~her~~ alive on *March 6*, 19*40*. Death is said to have occurred on the date stated above, at *2 P.* m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset *3-2-40*

Other contributory causes of importance:
unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? *Phys. Exam.* 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) *G. H. Birtcher* M.D.
(Address) *Center, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I 314023

RECEIVED

District Health Office NO. 10

District File Number 3-40-674

Date Filed MAR 13 1940

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

Geas R. Hulse

Licensed Embalmer No.

3356

P. O. Address

Quincy Mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7852**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **726**

Primary Registration District No. **4432**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH:

(a) County **Ballwin**
(b) City or town **New London city**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) **PRIME**
FULL
NAME
Alma Elizabeth Gerling

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **7** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **36** Months **4** Days **28** If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Mich. 9th 1940** (b) **Blanche Meyerson** (Registrar's signature)

MEDICAL CERTIFICATION

DATE OF DEATH: Month **mar** day **6** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. H. Brooks** (M. D. or other) _____

Address **Center** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

