

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.

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 30

1. PLACE OF DEATH:
 (a) County Ste Genevieve
 (b) City or town Ste Genevieve
 (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 _____
 years, months or days _____

3. (a) PRINT FULL NAME MARY ANN GEGG JON
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race white
 6. (b) Name of husband or wife Charles F. Gegg 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 6 1860
 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Paris and Vaun Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
 12. Name Louise Blump
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Urbansum
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Gegg
 (b) Address Ste Genevieve Mo.

17. (a) Burial (b) Date thereof June 29 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve Mo
 18. (a) Signature of funeral director W. C. Barber
 (b) Address Ste Genevieve Mo

19. (a) June 27/40 (b) T. W. Douglas
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ste Genevieve
 (c) City or town Ste Genevieve
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1940 hour 9:45 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Nov 15 1939 to June 26 1940
 that I last saw her alive on June 25 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Duration 1935

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

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

23. Signature William E. Simpson (M. D. or other) _____
 Address Ste Genevieve Date signed 6-28-40

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.....

Geo. C. Basher

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo. C. Basher

Licensed Embalmer No. *1985*

P. O. Address: *St. Germaine V.*

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.