

FILED MAY 15 1945 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14985  
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 466  
(b) Township Clay Primary Registration District No. 4276 Registered No. 554  
(c) City or ~~Wellington~~ Wellington (d) Street No. 1 St. C  
Napoleon (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. ds. 0

2. PRINT FULL NAME Carl Julius Cristion Gaeth

(a) Residence, No. Napoleon, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 6 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
Male

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Gaeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
85 0 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tinner  
9. Industry or business in which work was done, as saw mill, bank, etc. Life  
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 4

FATHER 13. NAME Peter Gaeth  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

MOTHER 15. MAIDEN NAME Maria Wahldin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

17. INFORMANT (ADDRESS) William Gaeth  
Napoleon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Napoleon, Mo. DATE April 24, 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Roy Ewen 415  
Wellington, Mo.

20. FILED April 27, 1945 W. M. Mearns  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from Apr 21st, 1941, to Apr 22nd, 1941  
I last saw him alive on Apr 22nd, 1941. Death is said to have occurred on the date stated above, at 5:00 p.m.  
The principal cause of death and related causes of importance were as follows:

arteriosclerosis  
Date of onset 97

Other contributory causes of importance:

23. If death was due to external causes (violence), fill in also the following:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
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) R. B. Watts M. D.  
(Address) Wellington 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.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-13-41.....

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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 W. Roy Ewen  
*W. Roy Ewen*

Licensed Embalmer No.....3070.....

P. O. Address Willington 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.