

FILED AUG 15 1941

Registration District No. 157

Primary Registration District No. 5998

Registrar's No. 122

1. PLACE OF DEATH:

(a) County ST. CHARLES  
(b) City or town ST. CHARLES "RURAL" Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 29 DAYS  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME MRS. MATTIE GERHARDT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY GERHARDT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 2 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWORK

11. Industry or business \_\_\_\_\_

12. Name NOT KNOWN  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name A. CERCHE  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Storer  
(b) Address St. CHARLES, MO

17. (a) Burial (b) Date thereof July 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo

18. (a) Signature of funeral director Storner & Koenig  
(b) Address Boonville, Mo

19. (a) July 2-41 (b) Obained P. Heesler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cooper  
(c) City or town SPEED  
(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 30  
year 1941 hour 4 minute 48 P. M.

21. I hereby certify that I attended the deceased from June 2, 1941 to June 28, 1941  
that I last saw her alive on June 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Broken Compensation  
Due to Chr. Myocarditis  
Gen. Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy

Duration

PHYSICIAN

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? \_\_\_\_\_

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

23. Signature W.P. Erich Schaub, M.D. (M.D. or other) \_\_\_\_\_

\*Address St. Charles Mo. Date signed 6/30/41

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

22  
00

**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

*Arthur C. Bane*

Licensed Embalmer No.

*31545*

P. O. Address

*St Charles 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.**