

S. No. 2
M-1-4-41
v. 5-17-39
X26390

7942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 3 1942
Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 3

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: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY GERARD

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

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

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

7. Birth date of deceased: MARCH 26 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN BAPTISTE GERARD

13. Birthplace 5 FRANCE
(City, town, or county) (State or foreign country)

14. Maiden name V. V. K. D. W. N.

15. Birthplace 5 FRANCE
(City, town, or county) (State or foreign country)

16. (a) Informant zita board
(b) Address Ste. Genevieve Mo

17. (a) BURIAL (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE

18. (a) Signature of funeral director Les C. Butler
(b) Address Ste. Genevieve Mo

19. (a) Jan 13-42 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 12 1942 to Jan 12 1942
that I last saw her alive on Jan 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 1/2 hour

Due to Generalized Arteriosclerosis and hypertension

Due to _____

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

Major findings: 830
Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. L. Lanning (M. D. or other) _____
Address Ste. Genevieve Mo Date signed 1/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

95
1
1

706

4
Disposal #110 number 242-222

Date Embalmed 2-12-42

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 Geo. E. Basler

Licensed Embalmer No. 1985

P. O. Address St. Genevieve, 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, fact should be so stated above.