

FILED MAR 8 1943

State File No. _____
Registrar's No. 228

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital, No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Yr. 3 Mos 27 Das
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Knob Lick
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES WILLIAM GERLOCK (GERLACH)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased 5 4 1916
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	8	29	hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Charles F. Gerlock

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

14. Maiden name Lillian Cope

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 2-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. CEM. Knob Lick, Mo

18. (a) Signature of funeral director Barl J. Miller

(b) Address Farmington, Missouri

19. (a) Feb. 12, 1943 (b) Byodie Bukhmeister
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1943 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept. 10, 1942 to Feb. 6, 1943
that I last saw him alive on Feb. 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Tuberculous pneumonia 12 days

Due to Miliary tuberculosis 5 weeks

Other conditions Epilepsy with psychosis

Major findings: 22d

Of operations _____

Of autopsy No 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 Paul J. Schuler (M. D. or other) MD

Address Farmington, Mo Date signed 2-6-43

Duration

12 days

5 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 4

District File Number 343-1853

Date Filed 3-5-43

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

Bud J Miller

Licensed Embalmer No. 3752

P. O. Address *Farmington, 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.