

FILED MAY 10 1943

Primary Registration District No. **3010**

Registrar's No. **526**

16
1
4

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

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution **St. Francis Hospital**
(d) Length of stay: In hospital or institution **24 hours**
In this community **Life - 24 hrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Scott**
(c) City or town **Oran Missouri**
(d) Street No. **R-t. D.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mary Gerst.**
(b) If veteran name war _____ (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **16**
year **43** hour **8** minute **00 P.M.**
21. I hereby certify that I attended the deceased from **4/15**
43 19. to **4/16** 19. **43**
that I last saw her alive on **4/16** 19. **43**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Joe Gerst** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **June 14 1886**

Immediate cause of death **Myocarditis**

8. AGE: Years **56** Months **10** Days **2**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other condition **Hypostatic pneumonia**
(Include pregnancy within 3 months of death)

9. Birthplace **Scott County MO**
10. Usual occupation **Home wife**

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

MOTHER FATHER
11. Industry or business _____
12. Name **Tony Anshauer**
13. Birthplace **Scott Co. MO**
14. Maiden name **Donna Anshauer (K. Anshauer)**
15. Birthplace _____

16. (a) Informant **Calophus Gerst (Son)**
(b) Address **Oran Mo.**
17. (a) **Burial** (b) Date thereof **4-19/43**
(c) Place: burial or cremation **Oran Catholic Cemetery**
18. (a) Signature of funeral director **Wasserman Funeral Home**
(b) Address **Oran Mo.**
19. (a) **4-21-43** (b) **W. Phelps**
(Date received local registrar) (Registrar's signature)

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? _____
(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. Phelps** (M. D. or other) **MO**
Address **Cape Girardeau** Date signed **4/17/43**

1016

MO

RECEIVED

District Health Officer No. 4
District File Number 543-2196
Date Filed 5-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13934
Registrar's No. 126

Registration District No. 5-3

Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " "
(c) Name of hospital or institution: St. Francis Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hrs
In this community 2 1/2 hrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Conary Isert
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 14 - 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days - If less than one day - min.

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

10. Usual occupation -

11. Industry of business -

MOTHER FATHER
12. Name -
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name -
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant -
(b) Address -

17. (a) - (Burial, cremation, or removal) (b) Date thereof - (Month) (Day) (Year)
(c) Place: burial or cremation -

18. (a) Signature of funeral director -
(b) Address -

19. (a) - (Date received local registrar) (b) - (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Seas
(c) City or town Rural (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 -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Day 14 Year 1945 hour - minute - M.
21. I hereby certify that I attended the deceased from - to - 1945; that I last saw him - alive on - 1945; and that death occurred on the date and hour stated above.
Immediate cause of death - Duration -

Due to myocarditis chr
Due to (Bronchial Pneumonia)
Other conditions hypostatic pneumonia
(Include pregnancy within 3 months of death)
Major findings: 93d
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? -

While at work? - (Specify type of place) (a) Means of injury -
23. Signature at St. Francis (M. D. or other) MD
Address Cape Girardeau Date signed 5/27/45

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

SUPPLEMENTARY

