S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41607

FILED JAN 12 1944

State File No. .....

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1465

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hosp. N2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 7 mts 5 days (Specify whether In this community 1 year 7 mts 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 7

(d) Street No. 1208 Faraon (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME ALICE GECHTER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Fem

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred O. Gechter

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June (Month) 14 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ~~Mo~~ Rolfe (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Hosewife

11. Industry or business

FATHER
12. Name Wm Drown 7
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name " Unknown 9
15. Birthplace " Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Fred Gechter (husband)

(b) Address 621 Prospect St. St. Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Begole Bowman

(b) Address 319 So. 10th St Joseph Mo

19. (a) 12/27/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 12th 1943, to Dec. 25th 1943; that I last saw her alive on December 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arterio Sclerosis

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address State Hosp. 2 St Joseph Mo Date signed 12/28/43

1283

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No. .....

working under my personal supervision..

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

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.