

U.S. No. 2
DOM-5-43
Rev. 5-17-39
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FILED SEP 7 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3408

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
A. C. Deitl Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 minutes
(Specify whether _____)

In this community 27 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 3734 Wyoming 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DR. LOUIS JOHN GERLA

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1944 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____, 19____; and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Vera

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 23 1877
(Month) (Day) (Year)

Immediate cause of death Demopericardium

Due to acute & chronic myocardial infarction

Due to _____

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

9400

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>25</u>	<u>24</u> hr. min.

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

10. Usual occupation Osteopathic Doctor

11. Industry or business _____

MOTHER FATHER

12. Name John Henry Gerla

13. Birthplace Rotterdam, New York
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Kunkade

15. Birthplace The Hague, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. Gerla

(b) Address 3734 Wyoming Ave

17. (a) Burial (Burial, cremation, or removal) Funeral

(b) Date thereof Sept 19-1944
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's, St. Charles

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 South Creek Blvd

19. (a) 8-19-44 (Date received local Registrar)

(b) D. E. Brown (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy See above

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 A. E. Wacker (M. D. or other)

Address 23 rd & Mc Cay Date signed 8/18/44

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

48
3
8

361

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 Emile M. Colborn
Licensed Embalmer No. 3506
P. O. Address Ke Ma

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.