V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30559

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 762

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether years, months or days) In this community 10 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 2001 Alberta
(If rural, give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Baby Boy Gerhart
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Infanti
6. (b) Name of husband or wife: NONE
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Sept. (Month) 24 (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 10 hr. 45 min.

9. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
MOTHER FATHER
12. Name: Henry Gerhart
13. Birthplace: Mo. unk. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Martha Jerpstra
15. Birthplace: unk. (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Mrs. Lotta Gerhart
(b) Address: 2007 Alberta, Springfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: Fred C. Pheine
(b) Address: Springfield Mo
19. (a) 9-25-45 (Date received local registrar) (b) W. E. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1945 hour 3 minute 15 a. M.
21. I hereby certify that I attended the deceased from 4 30 Sept 24, 1945, to 3 15 Sept 25, 1945, that I last saw him alive on 9-25, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Atelectasis pneumatum 26 weeks gestation
Due to: prematurity - non-viable fetus
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 159
Of autopsy: no

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: Edgar L. Engel C. Gilbert (M.D. or other)
Address: C. Rieffly Gen Hosp Springfield Date signed 9-25-45

784 (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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Fred C. Phiemp

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.