

S. No. 2
M-8-13
S-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

39178

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945
Registration District No. 318

Primary Registration District No.

1003

State File No.

Registrar's No. 10807

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) NR

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

3. (a) PRINT FULL NAME Anna Gegg

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 17 1889
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>56</u> | <u>1</u> | <u>23</u> | hr. _____ min. |

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

10. Usual occupation Factory Worker

11. Industry or business _____

12. Name William Gegg

13. Birthplace Weingarten Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine York

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

16. (a) Informant John J. Bailey

(b) Address 835 N. Kirkwood Rd.

17. (a) Burial (b) Date thereof 12-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 11 1945 (b) J. F. Bredenk
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 12-2 to 12-10 1945 to 12-9 1945

that I last saw her alive on 12-9 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatous of abdominal organs probably stomach primary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Generalized Cancer nodules from diaphragm, Ovaries

Of operations _____

Of 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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature Charles F. Sherwin (M. D. _____)

Address 3720 Washington Date signed 12-11-45

FEB 27 1946

APR 11 1946

JAN 25 1946

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.....

Elmer R. Padwell

Licensed Embalmer No. 4077

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.