

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

2853

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days
(Specify whether
In this community West of Lake
years, months or days)

3. (a) PRINT FULL NAME Sarah B. Gerster

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex 7 / 1 5. Color or race W 6. (a) Single, widowed, married, divorced W / 7
6. (b) Name of husband or wife Samuel Gerster 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Feb 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 22 hr. min.

9. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William D. Baxter
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 4
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Gerster

(b) Address Pescadore Mo

17. (a) Burial (b) Date thereof 1-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant View Cem

18. (a) Signature of funeral director Paula Thompson

(b) Address Pescadore Mo

19. (a) 1-30-46 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Pescadore (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 1-3 1946 to 1-27 1946
that I last saw him alive on 1-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Atherosclerosis

Due to

Other conditions (Include pregnancy within months of death)

Major findings: 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) (c) Means of injury

23. Signature E. C. Peeler M.D. Address Clinton Mo Date signed 1-28-46

R.

D.

No. 7,

1-46-39

2-6-46

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 Paul Tristone

Licensed Embalmer No. 3990

P. O. Address Oscola 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.