

FILED JAN 9 1947
Registration District No. 116

Primary Registration District No. 3020

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

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: St. Francis Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days. (Specify whether years, months or days)

In this community 4 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Villa Ridge "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. R. #1.
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Henry Leonard Gerner.

3. (b) If veteran, name war 1st World War

3. (c) Social Security No. X

20. DATE OF DEATH: Month January day 1st.
year 1947 hour 10:00 minute A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband's~~ wife Anna M. Gerner.

6. (c) Age of ~~husband's~~ wife if alive 36 years

7. Birth date of deceased July 25th, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 28, 1946 to Jan 1, 1947.
that I last saw him alive on Jan 1, 1947:
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Respiratory failure Duration 12 hrs.

8. AGE: Years Months Days If less than one day
49 5 6 hr. min.

Due to Pneumonia, hypo-stolic bi-lateral, severe 3 days

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

Due to Hypertensive heart disease severe with decompensation Unknown

10. Usual occupation Care-taker.

11. Industry or business Church Parish.

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Theo. D. Gerner.

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

14. Maiden name Catherine Grabenschroeder.

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

Major findings: Of operations 93D

Of autopsy 93D

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Carl J. Gerner

(b) Address 415 1/2 Locust St. Washington, Mo.

17. (a) Burial (b) Date thereof Jan. 4, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Villa Ridge, Mo. R. F. D. (Wilburst, Inc., Inc)

18. (a) Signature of funeral director Wilburst, Inc., Inc

(b) Address Washington, Mo.

19. (a) 1/3/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? (e) Means of injury

23. Signature Michael Stepprich (M. D. or other) M.D.
Address Washington, Mo. Date signed 2 Jan 47

Dr. Stepprich

MAY 7 1947

Date Filed ~~1947~~

District File Number

District Health Officer No. 9

RECEIVED

FEB 5 1947

MAY 19 1950

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 *Lester A. Vitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.