

FILED APR 1 1947
Registration District No. 716

Primary Registration District No. 3020

Registrar's No. 47

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 1 day.
In this community 4 yrs. 9 mos. 12 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin ³⁶

(c) City or town Villa Ridge "Rural" ⁹
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. ⁵
(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 Cyril Carl Gerner.

3. (b) If veteran, name war X

3. (c) Social Security No. X

20. DATE OF DEATH: Month March day 15th.
year 1947 hour 6:00 minute 30 A. M.

4. Sex Male 1) 5. Color or race White

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 3rd. 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-7, 1947 to 3-15, 1947
that I last saw h. m. alive on 3-14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever ^{Duration 1 wk}

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>9</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation X

11. Industry or business X

MOTHER FATHER } 12. Name Henry L. Gerner,

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

14. Maiden name Anna M. Brinkmann,

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

16. (a) Informant Mrs. Anna Gerner,

(b) Address Villa Ridge, Mo. R.F.D.

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

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

18. (a) Signature of funeral director Nielburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) MAR 17 1947 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 72-A

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)

(e) Means of injury _____

23. Signature H.M. Senny (M. D. or other) M.D.
Address Union, Mo Date signed 3-16-47

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

6662

99

RECEIVED
District Health Officer No. 9,
District File Number: 3/31/47
Date Filed: 3/31/47

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.....

Jerome F. Svoboda
working under my personal supervision.

Registered Apprentice No. 441

Signed Lester H. Witt

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.