

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6361

State File No. _____

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|--|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2247 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2644 Arsenal</u> | | | | d. STREET ADDRESS (If rural, give location) <u>24 2644 Arsenal</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> | | b. (Middle) <u>Grace</u> | | c. (Last) <u>Jarrett</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1/29/50</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 26, 1876</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (State or foreign country) <u>Essen Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joseph W. Langhardt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Gertrude Huttroff</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harry C.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Basler Funeral Home--St. Genevieve Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis "Anterior Sclerotic"</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Anterior Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Endocarditis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>2</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H221</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>January 20, 1950</u> , to <u>January 28, 1950</u> , that I last saw the deceased alive on <u>January 28, 1950</u> , and that death occurred at <u>1:00p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Julius Char. Rater M.D.</u> | | | | 23b. ADDRESS <u>2603 Cherokee St</u> | | 23c. DATE SIGNED <u>January 30 1950</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/2/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Genevieve, Missouri</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Genevieve, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 31 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Kanter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Velderle</u> | | ADDRESS <u>3634 Gravois</u> | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Helmut J. Krupin

Signed.....

Student Embalmer

Licensed Embalmer No..... *3497*

P. O. Address *3634 Gravais*

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.