

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8216**

**362**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural St. Johns</u> <b>0360</b>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>Rt East Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED a. (First) <u>JULIUS</u>		c. (Last) <u>GERHARDT</u>	
b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>2-28-1871</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Franklin County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Gerhard</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Bucke</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lela Meeker</u>		ADDRESS <u>Washington, 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>General Arterial Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adeno-Carcinoma of Prostate Gland</u>  4500	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____			
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>1945</u> , to <u>3-12, 1950</u> , that I last saw the deceased alive on <u>3-12, 1950</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Schmitt M.D.</u>		23b. ADDRESS <u>General M.D. 3-12-50</u>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-14-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Washington, Mo.</u>	

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

~~District File Number~~  
RECEIVED  
MAR 18 1950  
DISTRICT HEALTH OFFICER NO. 9

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *M. Willhurbink*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington Missouri

**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.