

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9999 Registrar's No. 42

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

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH <u>1117 Tomson St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St Charles</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St Charles</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St Charles</u>	
c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles 0923</u>		d. STREET ADDRESS (If rural, give location) <u>1117 TOMSON 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1117 TOMSON</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>Maxie Gerdeman</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 26 1858</u>		9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Duties</u>		11. BIRTHPLACE (State or foreign country) <u>Cappah 1100</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Casper Whitekamp</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Teckemever</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. J. Gerdeman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. J. Gerdeman</u>		ADDRESS <u>Depiance Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFLUENZA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>CHR. MYOCARDITIS</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>ARTERIOSCLEROSIS</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>10 yrs.</u>			
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>3-19</u> , 19 <u>50</u> , to <u>3-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>50</u> , and that death occurred at <u>2 P</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>Calvin Olay M. D.</u> (Degree or title)				23b. ADDRESS <u>St. Charles Mo</u>		23c. DATE SIGNED <u>3/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>May 23 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Moscow Mills Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-24-50</u>		REGISTRAR'S SIGNATURE <u>Earlie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Pittman</u>		ADDRESS <u>Funeral Home Venterville</u>	

District File Number
District Health Officer No. 9
RECEIVED
MAR 25 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Annetta M. Pittman

Signed _____
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address Wentzville, 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.