

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5916 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Cinque Homme)
c. LENGTH OF LIFE Life
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Perry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cinque Homme
d. STREET ADDRESS (If rural, give location) 0790

3. NAME OF DECEASED (Type or Print)
a. (First) Barbara b. (Middle) _____ c. (Last) Gerringer
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb. 26 1885 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Perry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Markus Gerringer 13b. MOTHER'S MAIDEN NAME Barbara Huber 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME John Gerringer Biehle Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Arteriosclerosis 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.)
331X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-15, 1950, to 7-17, 1950, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE W. Woodman (Degree or title) Dr. 23b. ADDRESS Perryville Mo. 23c. DATE SIGNED 7/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 20 1950 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 24d. LOCATION (City, town, or county) (State) Biehle Mo.

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE Joe J. Zellmer 25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons ADDRESS Perryville Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 1 1950
District Health Office No. 6,

District File Number _____

Date Filed _____

[Handwritten signature and scribbles]

AUG 1 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Walter Young*

Licensed Embalmer No. *4027*

P. O. Address *Perrinville*

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.