

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31192**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>31-58</b>		Registrar's No. <b>177</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Lincoln</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. LENGTH OF STAY (in this place) <b>3 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Old Monroe Rural</b>		<b>05-70</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>-----</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>			b. (Middle) <b>-----</b>			c. (Last) <b>Gnade</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 31 1951</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>July 23 1892</b>			
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>1</b>		IF UNDER 24 HRS. Days <b>8</b>		Hours <b>-----</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Mds.</b>			11. BIRTHPLACE (State or foreign country) <b>Old Monroe Mo</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Herman Gnade</b>		13b. MOTHER'S MAIDEN NAME <b>Hannebrink</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Gnade</b>				ADDRESS <b>Old Monroe Mo.</b>	
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) <b>Severe anemia from loss of blood</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gastro-Intestinal Hemorrhage - site + cause not known</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>  <b>not known</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>578X</b>						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) m.		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 <b>Aug. 29, 1951</b> to <b>Aug. 31, 1951</b> , that I last saw the deceased alive on <b>Aug. 31, 1951</b> , and that death occurred at <b>2:34 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. L. Kriesgen</b>				23b. ADDRESS (Degree or title) <b>M.D. V. Fallon</b>		23c. DATE SIGNED <b>8-31-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 4/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Old Monroe Mo</b>			
DATE REC'D BY LOCAL REG. <b>8-31-51</b>		REGISTRAR'S SIGNATURE <b>Francis Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Whede &amp; Keithly</b>		ADDRESS <b>O'Fallon Mo.</b>			

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

AUG 2 1954

**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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*East*

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.