S. No. 300
Rev. 10.48

DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40340

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Ste. Genevieve 0950
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ste. Genevieve
c. LENGTH OF STAY (in this place): 86 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weingarten, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ste. Genevieve 0950
d. STREET ADDRESS (If rural, give location): Weingarten, Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): JOSEPH
c. (Last): GEGG

4. DATE OF DEATH (Month) Nov (Day) 12 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 29, 1865
9. AGE (In years last birthday): 86 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): River Aux Vases, Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Gegg
13b. MOTHER'S MAIDEN NAME: Victoria Brischle
14. NAME OF HUSBAND OR WIFE: Francisca Jokerst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Valentine Gegg — ADDRESS: Ste. Genevieve, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Uraemia — INTERVAL BETWEEN ONSET AND DEATH: 11/11/51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 1942
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592x
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) m.
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* Jan. 3, 1942, *to* Nov. 12, 1951, *that I last saw the deceased alive on* Nov. 11, 1951, *and that death occurred at* 7:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. C. Lanning M.D.
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 11/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: Our Lady Help Of Christians
24d. LOCATION (City, town, or county) (State): Weingarten, Mo

DATE REC'D BY LOCAL REG.: Nov. 19-1951
REGISTRAR'S SIGNATURE: Teresa M. Karl Dep. 350
25. FUNERAL DIRECTOR'S SIGNATURE: Jerome H Staulon — ADDRESS: Ste. Genevieve, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 3 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Jerome H. Stanton

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, Mo

Signed _____
Student Embalmer

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.