

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2480

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 33

941
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>	c. LENGTH OF STAY (in this place) <u>3 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN 0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHILDA</u> b. (Middle) <u>AUGUSTA</u> c. (Last) <u>GERARIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 16, 1892</u>	9. AGE (In years last birthday) <u>59</u>	OF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>NEW ATHENS, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Andrew VOGLER</u>	13b. MOTHER'S MAIDEN NAME <u>EMILY SCHULOCK</u>	14. NAME OF HUSBAND OR WIFE <u>G.B. GERARIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-34-5611</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.B. GERARIS, FREDERICKTOWN Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction due to unknown cause.</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5705</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 25, 1952, to January 25, 1952, that I last saw the deceased alive on January 25, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Taylor M.D.</u>	23b. ADDRESS <u>33 North Allen St., Bonne Terre, Missouri</u>	23c. DATE SIGNED <u>1-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Fredricktown, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 28, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Sajin, Jr., Fredricktown, Mo.</u>
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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 Sam Lajin, Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.