

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30961**

DECEASED **15 OCT 14 1952**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **321**

0164
1

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 62 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164
d. FULL NAME OF HOSPITAL OR INSTITUTION 713 Morgan Oak Street			d. STREET ADDRESS (If rural, give location) 713 Morgan Oak Street		
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARIE c. (Last) GERST			4. DATE OF DEATH (Month) (Day) (Year) October 6, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 22, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 3
IF UNDER 1 YEAR Days 16	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe factory
11. BIRTHPLACE (State or foreign country) Scott County, Missouri			12. CITIZEN OF WHAT COUNTRY? U. SS.		
13a. FATHER'S NAME Frank Gerst		13b. MOTHER'S MAIDEN NAME Frances Ketterer		14. NAME OF HUSBAND OR WIFE None	
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. 490-05-4456	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Gerst Cape Girardeau, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis of Lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Bronchitis of Lungs DUE TO (b) Chronic Bronchitis of Lungs DUE TO (c) 153X				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 6 not	19b. MAJOR FINDINGS OF OPERATION Chronic Bronchitis of Lungs				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 1-10-1952 to 10-6-1952 that I last saw the deceased alive on 10/5 , 19 52 , and that death occurred at 4420 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE A. L. Duncanson			23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 10/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 8, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cem.	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		
DATE REC'D BY LOCAL REG. 10-6-52	REGISTRAR'S SIGNATURE W. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Halther's Funeral Home Cape Girardeau, Mo.		

AUG 10 1957

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

Virgil H. Welch

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau,*

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.