

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37328

State File No. _____

REG. DIST. NO. 319

PRIMARY REG. DIST. NO. 6077

Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beauvois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beauvois 095.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION River Aux Vases, Mo		d. STREET ADDRESS (If rural, give location) River Aux Vases, Missouri	
3. NAME OF DECEASED (Type or Print) LEO		4. DATE OF DEATH (Month) (Day) (Year) October 12, 1952	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 29, 1872	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Ste. Genevieve, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Severine Gegg		13b. MOTHER'S MAIDEN NAME Rosine Ewert	
14. NAME OF HUSBAND OR WIFE Mary Ann Basler Gegg		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. None		17. INFORMANT'S SIGNATURE OR NAME Leonard Gegg	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriaca Induration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Valvular Heart DUE TO (c) General Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension of toe. INTERVAL BETWEEN ONSET AND DEATH 2 ? 3 ? 3 Nov.	
19a. DATE OF OPERATION Nov		19b. MAJOR FINDINGS OF OPERATION none	
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) 4214	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		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 Oct 6, 1952, to Oct 12, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS Ste. Genevieve Mo	
23c. DATE SIGNED 10.13.52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct 15, 1952		24c. NAME OF CEMETERY OR CREMATORY S.S. Philip & James	
24d. LOCATION (City, town, or county) (State) River Aux Vases Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Verone A. [Signature] Ste. Genevieve, Mo	
DATE REC'D BY LOCAL REG. 10-17-52		REGISTRAR'S SIGNATURE [Signature]	

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

1950

OCT 30 1952

NOV 26 1952

NOV 26 1952

NOV 18 1952

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. Scoute

Signed.....
Student Embalmer

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.