

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8220**

BIRTH NO. **FILED APR 6 1954** REG. DIST. NO. **112** PRIMARY REG. DIST. NO. **5429** Registrar's No. **28**

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| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN (LYON) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NEW HAVEN (LYON) TOWNSHIP | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) NEW HAVEN, MO. 0360 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION NEW HAVEN, MO 1 | | | |

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|---|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) LOUIS FRIEDRICH GERLEMANN | | | 4. DATE OF DEATH (Month) (Day) (Year) 3 - 29 - 54 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 9-28-1894 | 9. AGE (in years last birthday) 59 | IF UNDER 1 YEAR Months 6 Days 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and State or Foreign Country) NEW HAVEN, MO. (LYON) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME MARTIN GERLEMANN | | 13b. MOTHER'S MAIDEN NAME KATHARINE BEBERMEIER | | 14. NAME OF HUSBAND OR WIFE Hulda Gerlemann | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WORLD WAR I | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME Max Louis Helmsman | |
| | | | | ADDRESS 163 X | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| | ANTECEDENT CAUSES 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. none | | |

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|---|---|--|
| 19a. DATE OF OPERATION 1953 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of right lung | 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 1/31, 1948, to 3/28, 1954, that I last saw the deceased alive on 3/28, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

| | | | |
|--|---|---|---|
| 23a. SIGNATURE B. P. Eisenmann (Degree or title) M. D. | | 23b. ADDRESS New Haven, Mo. | 23c. DATE SIGNED 3/29/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3-31-54 | 24c. NAME OF CEMETERY OR CREMATORY EBENEZER EV. CEM. | 24d. LOCATION (City, town, or county) (State) GERALD MO. |
| DATE REC'D BY LOCAL REG. 3-31-54 | REGISTRAR'S SIGNATURE John Charles Finley 503 | 25. FUNERAL DIRECTOR'S SIGNATURE L. C. Festigson New Haven Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
360
1

JUN 10 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 Earl C. Feste

Licensed Embalmer No. 33830

P. O. Address New Haven

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.