

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

221

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. LENGTH OF STAY (in this place) <u>45 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1102 North 18th St. 0117</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>	b. (Middle) <u>Julia</u>	c. (Last) <u>Gerhardt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1955</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>May 20, 1897</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
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 <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria Hungary 4</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Hoffman</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Youngein</u>	14. NAME OF HUSBAND OR WIFE <u>Nicholas F. Gerhardt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>N.F. Gerhardt 1102 No. 18th City</u>

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) <u>Pulmonary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis left femoral artery.</u>		
	DUE TO (c) <u>Scurvy mel.</u>		
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>454 X</u>	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 1/12, 1954, to 1/20, 1955, that I last saw the deceased alive on 1/20, 1955, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE <u>Sanford Vandigan MD</u> (Degree or title)	23b. ADDRESS <u>620 Kansas St. City 19105</u>	23c. DATE SIGNED <u>1/21/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 24, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery St. Joseph, Mo.</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>Jan 25, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman W. Sidenfaden St Joseph Mo</u>
--	--	-----	---

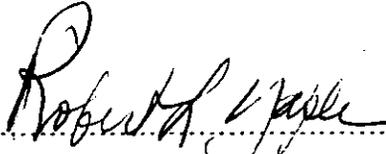
(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 3308

P. O. Address St. Joseph

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.