URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009954

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 387

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 75 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2021½ S.11th St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2021½ S. 11th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Marie Middle Magdaline Last Gerber
4. DATE OF DEATH Month March Day 26, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept.11,1871
9. AGE (last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and state or country) Canton-Bern, Switzerland
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Christ Ogi
13b. MOTHER'S MAIDEN NAME Magdaline Alenbach
14. NAME OF HUSBAND OR WIFE Frederick Gerber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Esther Holland Address St.Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Vascular Renal disease — 1 Mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 24-1960, to March 26-1960 and last saw her ~~him~~ alive on March 25-1960
Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Owen W. D. Craig MD
22b. ADDRESS 620 Francis St St Joseph Mo
22c. DATE SIGNED 3-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar.29,1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Meierhoffer-Thomson Inc by [illegible] ADDRESS St.Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Mar.29,1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

D.W.D. Craig M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.