URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-039389

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 222

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1039 S. Main St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marie Middle: H. Last: Gerdts
4. DATE OF DEATH: Month: Oct. Day: 31 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 10/86
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months 5 Days 21 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kearney Neb.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fred Wellaper
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Henry C. Gerdts
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: Arthur Gerdts, St. Charles, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertension Cardiovascular Renal — INTERVAL BETWEEN ONSET AND DEATH: —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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-1956, to Oct. 31-1960 and last saw her/him alive on Oct 26-60.
Death occurred at 5 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent A. Schneider MD
22b. ADDRESS: St Charles, Mo
22c. DATE SIGNED: Nov 2-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 3, 1960
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles. Mo
24. FUNERAL DIRECTOR: Arthur C. Baue. ADDRESS: St. Charles, Mo
25. DATE RECD. BY LOCAL REG.: Nov. 3-60
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AMENDED

NOV 1 1960

DEC 28 1960

NOV 27 1961

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 David C. Baum

Signature of Student Embalmer

Licensed Embalmer No. 5060

P. O. Address St. Cha

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.