MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010331
STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 103

FILED MAR 22 1961

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township
Length of stay in 1b 7Yrs.22M;4days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No.4
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Imperial
Inside Limits Unknown Yes ☐ No ☐
d. STREET ADDRESS Unknown (If outside, give location)
Reside on Farm Unknown Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First EDWARD Middle V. Last GERARD
4. DATE OF DEATH Month March Day 7 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH March 14, 1890
9. AGE (last birthday) 70
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) Lumber Yard laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Charles Gerard
13b. MOTHER'S MAIDEN NAME Bardo
14. NAME OF HUSBAND OR WIFE Bertha M. Huber
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. Unknown
17. INFORMANT Address Records, State Hospital No.4, Farmington, Mo.

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) Acute Coronary Occlusion - - - - - - - - instantaneous.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis - - - - - - - - - - - - - Unknown.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic brain syndrome associated with intoxication ,alcohol.
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 March 6, 1961, to March 7, 1961 and last saw him alive on March 7, 1961
Death occurred at 8 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John A. Brennan MD. (Degree or title)
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 3-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 9, 1961
23c. NAME OF CEMETERY OR CREMATORY Rauchenbach Cemetery
23d. LOCATION (City, town, or county) (State) Imperial, Mo.
24. FUNERAL DIRECTOR ADDRESS Heiligtag Funeral Home, Imperial, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 18, 1961
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 11 1961

MAR 23 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arthur W. Heilgtog

Signature of Student Embalmer

Licensed Embalmer No. 3872

P. O. Address Imperial 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. (GERARD)

If this body is not embalmed, fact should be so stated above.