

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42941

State File No.

FILED JAN 10 1952

318

1003

Registrar's No. 11006

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Crawford					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steeleville		280		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital			d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Maggie			b. (Middle) Nora		c. (Last) Gahr		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1951	
5. SEX Female	6. COLOR OR RACE Whiet	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Dec. 25, 1879		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dent Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Unknown Hutson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville Gahr, Steeleville, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS GENERALIZED. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS NEPHROSCLEROSIS					INTERVAL BETWEEN ONSET AND DEATH UNK UNK	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 H200				
22. I hereby certify that I attended the deceased from 12-9-1951 , to 12-12-1951 , that I last saw the deceased alive on 12-11-1951 , and that death occurred at 1:05a m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Henry Cooper D. M.D.				23b. ADDRESS 518 Olive St.		23c. DATE SIGNED 12 Dec 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-12-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Steeleville, Mo.		
DATE REC'D BY LOCAL REG. DEC 12 1951		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.