

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28830

State File No. \_\_\_\_\_

SEP 8 1943 224  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3046

Registrar's No. 712

1. PLACE OF DEATH:

(a) County. Monterey  
(b) City or town. California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution. \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community. 40 year years, months or days

3. (a) PRINT FULL NAME

Sarah Gertz

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex. Female 5. Color or race. W 6. (a) Single, widowed, married. 2 divorced  
6. (b) Name of husband or wife. Henry Gertz 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. Feb 9 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Franklin (City, town, or county) MO (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business. \_\_\_\_\_

12. Name. Frederick Nolte

13. Birthplace. Germany (City, town, or county) (State or foreign country)

14. Maiden name. Louise Schermer

15. Birthplace. Franklin (City, town, or county) MO (State or foreign country)

16. (a) Informant. Gertude Gertz

(b) Address. California 7205

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Aug 28-43 (Month) (Day) (Year)

(c) Place: burial or cremation. Burke Cemetery

18. (a) Signature of funeral director. William F. Friedman

(b) Address. California 720

19. (a) 8-27-43 (Date received local registrar) (b) W. J. L. L. L. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Monterey  
(c) City or town. California  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26, year 1943 hour 6 minute PM

21. I hereby certify that I attended the deceased from July 26, 1943 to Aug 26, 1943  
that I last saw h. o alive on Aug 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Terminal Pneumonia (27) 1 day

Due to Cerebral Thrombosis 31 day  
(83 65)

Due to Arteriosclerosis (97) year

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations. 83

Of autopsy. \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury. \_\_\_\_\_

23. Signature. J. P. Burke (M. D. or other) \_\_\_\_\_

Address. California NO Date signed. 8/27/43

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

1312

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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