WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11487

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 3248 E
(No. Mt. St. Rose St. Ward)
File No.
Registered No. 119

2. FULL NAME Gereau, Anna C.
(a) Residence. No. 339 Christian St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Married —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Gereau.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	—	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Hebner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Randall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mt. St. Rose Sanitarium
(Address) 9101 S. Broadway.

15. FILED 5-28, 1931 L. C. Obrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1931, to 3-28, 1931 that I last saw her alive on 3-28, 1931, and that death occurred, on the date stated above, at 2 45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Miliary Tuberculosis.
224
224
131 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) T.B. Pharyngitis —
Chr. Nephritis —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No —
WHAT TEST CONFIRMED DIAGNOSIS? + Sputum — X-Ray
(Signed) Chas W. Ehless, M. D.
, 19 (Address) Mt. St. Rose

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary
Math Hermann
DATE OF BURIAL March 30 31

20. UNDERTAKER Math Hermann
ADDRESS 2163 E. Fair