

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.

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

Do not use this space.

36915

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6130
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Sister M. Conrada Gerardy
(a) Residence, No. Villa Sean 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook in 231
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Community
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

FATHER 13. NAME John Gerardy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Maria Fleck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sister M. Honora

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Sean DATE 11/11 1932

19. UNDERTAKER (ADDRESS) Fundler & Sons Co
7819 Michigan Ave

20. FILED 11/9 1932 Emma J. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 31, 1931, to 11-6-32, 1932.
I last saw her alive on 11-6-32, 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset _____
46E
53E 41-6-13
Other contributory causes of importance: General Attraction (D)

Name of operation Exploratory Date of June 3
What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Albert G. Deuk M. D.
(Address) 525 1/2 Boston Ave

