

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

Do not use this space.

31506

SEP 25 1935

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 7 Township Central of Mo Primary Registration District No. 62-48 H
 7 City Richmond Mo No. St Marys Hospital File No. _____
 Registered No. 177 St. _____ Ward) _____

2. FULL NAME

Miss Mary Martha Amelia Gerard
 (a) Residence, No. _____ 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. da. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 49 7 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
7/31/33 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo

MOTHER FATHER 13. NAME Louis Gerard

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

15. MAIDEN NAME Josephine Panchat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N. Y.

17. INFORMANT John J. Jones (ADDRESS) St. Marys Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Hall DATE Sept 6 1935

19. UNDERTAKER Thos J. J. J. J. (ADDRESS) St. Louis

20. FILED Sept 3 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33, 19, to 9/3/35, 19.
 I last saw her alive on 9/3/35, 19. Death is said to have occurred on the date stated above, at 7:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Neurotoxicity
Right
131
 Other contributory causes of importance:
Chronic nephritis
Chronic myocarditis

Name of operation no Date of _____
 What test confirmed diagnosis? clinical 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) Dr. James P. Voelker
 (Address) 1004 No. 11th St. St. Louis

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.

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

