

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.

1. PLACE OF DEATH

FEB 8 1937 791

County.....
Township.....
City St. Louis, Mo. (No. 5938 Wells Ave., 9.)

Registration District No.
Primary Registration District No. 1003
St. Ward)

File No. 3115
Registered No. 127

2. FULL NAME Susanna Gereau

(a) Residence, No. 5938 Wells Ave., St. 6 Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1936, to Jan 2 1937
I last saw her alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 8.55 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1856

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 2 22

Chronic Myocarditis Date of onset

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

Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

FATHER 13. NAME Louis Sallaz

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

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)

MOTHER 15. MAIDEN NAME Susan Barr

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Eva Zepp (ADDRESS) 5938 Wells Ave.,

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ferdinand Cem. DATE Jan. 5/37

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

19. UNDERTAKER Jos. W. Clark (ADDRESS) 1125 Hodiament Ave.,

(Signed) James S. Hicks, M. D. O.
(Address) 6201 Lotus

20. FILED JAN 4 1937 J. T. Bredeck Registrar.

Dr. James Hicks,
6201 Lotus Ave.,

10=12 A.M.