

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

16859
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No.
 (b) Township St. Louis Primary Registration District No.
 or / City Hospital No. 1 Registered No. **4393**
 (c) City / (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

D. 11979
 August Gerard
 (a) Residence, No. 2207 Chestnut St. **27** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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) **Feb 19, 1887**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62		2	22	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Ret'd Upholster**
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 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) **St. Louis, Missouri**

13. NAME **Laurent Gerard**

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

15. MAIDEN NAME **Marie Rudeau**

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

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **May 13, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Alexander & Sons, 6175 Delmar Blvd.**

20. FILED **MAY 11 1939** **J. F. Budich** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/11/39**, 19

22. I HEREBY CERTIFY, That I attended deceased from **12/15/38** to **5/11/39**, 19

I last saw him live on **5/11/39**, 19. Death is said to have occurred on the date stated above, at **6.40 a** m.

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

Carcinoma of Rectum (ret.)
51
 Other contributory causes of importance:

Name of operation **Amputation** Date of 1-5-39

What test confirmed diagnosis? **Biopsy** Was there an autopsy? **Yes**

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?

If so, specify

(Signed) **J. E. Trayner** M. D.

(Address) **City Hospital No. 1**

WHITE PRINTING, WITH IMPAGING 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.

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.....

J. W. Binkley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo*

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, above space should be left blank.