

FRED MAR 12 1940
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME **Ann C. Gayou**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Gayou** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Feb. 23rd 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 11 27 hr. min.

9. Birthplace **Kansas City, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER { 11. Industry or business _____

12. Name **Leonard Forster**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Forster**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **George E. Gayou**

(b) Address **3623a McDonald Ave.**

17. (a) **Burial** (b) Date thereof **2-23-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway**

19. (a) **FEB 21 1940** (b) **J. D. [Signature]**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3623a McDonald Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th**
year **1940** hour **1:10** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **Nov 1st 1939** to **Feb 20 1940**
that I last saw her alive on **Feb 19 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**

Due to **Hypertension**

Due to **Chronic interstitial nephritis**

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

White at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **J. H. [Signature]** (M. D. or other) _____

Address **203 [Address]** Date signed **2/24/40**

L.H. Herpelmann

Beaumont 511.1 Bldg.

Je 6304

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

Edwin M. Bennett

Licensed Embalmer No.

3024

P. O. Address _____

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.