

FILED DEC 29 1943

Registration District No. 318

Primary Registration District No.

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:
Firman Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... abt. 10 Min.
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED: 000

(a) State..... Mo. (b) County..... 12

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 6913 Minnesota
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Ben W. Gerau

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1943 hour 3 minute 10 P.M.

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

6. (b) Name of husband or wife..... Addie 6. (c) Age of husband or wife if alive..... 63 years

7. Birth date of deceased..... March 15 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 8 1943 to Dec 9 1943
that I last saw him alive on Dec 11 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70	8	26	hr. min.
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Immediate cause of death..... Chronic myocarditis

Due to..... arterio sclerosis

Due to..... acute pancreatitis

9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Iron Molder

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: none

Of operations..... none

Of autopsy.....

11. Industry or business.....

MOTHER FATHER { 12. Name..... Frederick Gerau

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

{ 14. Maiden name..... Unknown

{ 15. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant..... Addie Gerau

(b) Address..... 6913 Minnesota Ave.

17. (a) Burial (b) Date thereof..... 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Jos. Fenab Jr.

(b) Address..... 7128 Michigan Ave.

19. (a) DEC 13 1943 (b) J. F. Briedeck
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify)..... no

(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?.....

While at work?..... (Specify type of place) (e) Means of injury..... no

23. Signature..... W. Schneider (M.D. or other) no

Address..... 3218 O. Ground Date signed..... 12-12-43

3611 W. St. K

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..... *Carmel Pichow*

Licensed Embalmer No. *3093*

P. O. Address *17128 Michigan*

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, fact should be so stated above.