

FILED SEP 26 1944

Registration District No. 517

Primary Registration District No. 3070

Registrar's No. 1912

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
924 PACIFIC AVE.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 924 PACIFIC AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GERARD, JULIA

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

4. Sex FEM. 5. Color or race WH. 6. (a) Single, widowed, married, divorced WID.

6. (b) Name of husband or wife LOUIS J. GERARD 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 15 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 28 If less than one day hr. _____ min. _____

9. Birthplace WEBSTER GROVES U MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name MICHAEL W. MURPHY

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

14. Maiden name DELIA MURPHY

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

16. (a) Informant MRS. A. VOGELE

(b) Address WEBSTER GROVES, MO.

17. (a) BURIAL (b) Date thereof 9-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director MICHAEL CROGHAN

(b) Address 7146 MANCHESTER

19. (a) SEP 16 1944 (b) E. J. McManis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 13th
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Mon. 8, 1944, to _____, 19____
that I last saw her alive on Mon. 8, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death SA of stomach Duration _____

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy 466 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? _____

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

23. Signature E. J. McManis (M. D. or other) MD

Address 5201 Big Bend Date signed 9/17/44

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

16
7
4

55 W. Big Bend Rd.
New Vallonia

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

Albert J. Gappe

Licensed Embalmer No. *2791*

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, fact should be so stated above.