S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35748

Registrar's No. 9312

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: 4343 McPherson Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4343 McPherson Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Gerardot

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Gerardot

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 27, (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	4	9	hr. min.

9. Birthplace France (City, town, or county) 5 (State or foreign country)

10. Usual occupation Glass Worker

11. Industry or business

FATHER
12. Name Joseph Gerardot
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Marie Humbert
15. Birthplace Festus, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Dr. A. J. Griot
(b) Address 3109 No. Grand Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) OCT 8 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th.
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-1-28
, 19 to 10/7/47 19
that I last saw him alive on 10/2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Chronic nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Albert J Griot (M. D.)

Address 3109 S. Grand Date signed 10/7/47

Albert J Griot

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.