No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36628

FILED NOV 1 1947

Registration District No. 1

Primary Registration District No. 6076

Registrar's No. 2264

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Bonfils
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Charles Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 yes.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Bonfils 0
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Annie M. Gereau
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John Ollie
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec. 3 (Month) 1880 (Day) (Year)

8. AGE: Years 66 Months 10 Days 30 If less than one day ..... hr. ..... min.

9. Birthplace Creve Coeur (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Philipp Vohsen 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Daharb 4
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant John Ollie Gereau
(b) Address Florissant, Mo. R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) 11-5-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1947 hour 11 minute 40 P. M.
21. I hereby certify that I attended the deceased from March 19, 1944, to Nov. 2, 1947; that I last saw her alive on Nov. 1, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia	3 days
Due to Cerebral Hemorrhage	3 yrs.
Due to Arteriosclerosis	—
Other conditions — (Include pregnancy within 3 months of death)	

830

Major findings:
Of operations none
Of autopsy None

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) 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? — (Specify type of place)
While at work? — (e) Means of injury — (1)
23. Signature Roy A. Walthy (M. D. ~~or other~~)
Address 2438 Woodson Rd. Date signed 11-4-47

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 Don Marler

Licensed Embalmer No. 4430

P. O. Address Overland, 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, fact should be so stated above.