

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24812
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6601**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4343 McPherson Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4343 McPherson Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Ann c. (Last) Gerardot			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 23, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months
				IF UNDER 4 HRS. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) France	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Andre Reece	13b. MOTHER'S MAIDEN NAME Marie Catherine LaPorte	14. NAME OF HUSBAND OR WIFE Joseph Gerardot Dec.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.M. Shaw	ADDRESS 4343 McPherson Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr? 13 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebrovascular Disease apoplexy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION No	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H221
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22. I hereby certify that I attended the deceased from **7-17-1949** to **7-29**, 19**49** that I last saw the deceased alive on **7-29**, 19**49** and that death occurred at **10:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Arthur J. Donnelly	(Degree or title)	23b. ADDRESS 14390 W. Pine Rd	23c. DATE SIGNED 7-30-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-1-49	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart	24d. LOCATION (City, town, or county) (State) Festus Mo.
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DATE REC'D BY LOCAL REG. JUL 31 1949	REGISTRAR'S SIGNATURE J. P. Lucater	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell St.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Rosenbloom
4390 W. 12th Ave

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Thomas R. Jenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.