

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7233**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **228**

No. 300
10-48

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4301	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 2301 Kienlen Ave.		d. STREET ADDRESS (If rural, give location) 2301 Kienlen Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Russell	b. (Middle) William	c. (Last) Gereaux	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23. 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17. 1922	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Gereaux	13b. MOTHER'S MAIDEN NAME Lillian Tanger	14. NAME OF HUSBAND OR WIFE Marjorie Gereaux
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) Yes World War 2	16. SOCIAL SECURITY NO. 487-32-7644	17. INFORMANT'S SIGNATURE OR NAME Marjorie Gereaux	ADDRESS 2301 Kienlen 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular failure		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General calcinosis 1 yr.		
	DUE TO (c) Osteo-sarcoma of R. fibula		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 5/27/53	19b. MAJOR FINDINGS OF OPERATION Osteo-sarcoma of R. fibula	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 16, 1953**, to **Jan 23, 1954**, that I last saw the deceased alive on **Jan 23, 1954**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. N. Snyder (Degree or title) M.D.	23b. ADDRESS 705 Olive St. St. Louis 40	23c. DATE SIGNED 1-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 26. 54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 1/25/54	REGISTRAR'S SIGNATURE Herbert L. Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock	ADDRESS 2117 E. Grand
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(Licensed Embalmers' Statement on Reverse Side)

Rev. Edw. W. Snyder
705 Olive St.

Ch 6969

Was 4500 Holly Col. 5699

RECEIVED FEB 24 1958

MAR 20 1958

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 Frank A. Moran

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.