

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10747

State File No.

318

1003

2295

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS,		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST LOUIS,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4417 LEE AVE				e. STREET ADDRESS (If rural, give location) 4417 LEE AVE 2109			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) P.		c. (Last) GEREAU		4. DATE OF DEATH (Month) (Day) (Year) MARCH 3, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 20, 1884	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL WORKER		10b. KIND OF BUSINESS OR INDUSTRY MOLONEY ELEC. CO.		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK GEREAU		13b. MOTHER'S MAIDEN NAME CATHERINE ONEILL		14. NAME OF HUSBAND OR WIFE CLARA GEREAU			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. #489-10-3401		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARA GEREAU 4417 LEE AVE			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Lung</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS _____				INTERVAL BETWEEN ONSET AND DEATH <i>1 Year</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>Oct 1, 1955</i> to <i>Mar 3, 1956</i> , that I last saw the deceased alive on <i>Mar 3, 1956</i> , and that death occurred at <i>2 1/2</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Francis J. Melnick</i>				23b. ADDRESS <i>4114 W. Walnut</i>		23c. DATE SIGNED <i>3/5/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>3/6/56</i>		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) ST LOUIS MISSOURI (State) _____	
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G.P.</i> STROOT - CARROLL 1600 NATURAL BRIDGE AVE			

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

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St. Louis, Mo.

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.....
Signature of Student Embalmer

Signed *M. W. Rueter*

Licensed Embalmer No. *486*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.