

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37679
 Do not use this space.

DEC 12 1938

1. PLACE OF DEATH
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 10006
 (c) City St. Louis (d) Street No. 4667 Palm Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SADIE ANGERMAIER
 (a) Residence, No. 4667 Palm Street St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

FATHER 13. NAME Stephen Gerardi
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Anna Chott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs. Russell Merrihew 4667 Palm Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Park DATE Nov. 22, 1938

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED NOV 20 1938 J. A. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 31st, 1938, to Nov. 18th, 1938.
 I last saw him alive on Nov. 18th, 1938. Death is said to have occurred on the date stated above, at 9¹⁰ a.m.
 The principal cause of death and related causes of importance were as follows:

"Perniciosa Anemia" (Malignant)
 Date of onset 5/31/38
 Other contributory causes of importance: Chronic Endocarditis = Past Year
Malaria =

Name of operation "Schilling" Date of 1938
 What test confirmed diagnosis (P.T.W. Spec.) Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Alcohol (Signed) Alfred Hoyle, M. D.
 (Address) 4244 W. Florissant ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 2 1952

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 2967

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.)