FILED AUG 11 1942

S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22777

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6478

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 minutes (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County COC
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4037 Ashland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Gnau
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Gnau
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased November 19, 1872 (Month) (Day) (Year)

8. AGE: Years 69 | Months 8 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
12. Name Louis Roettger (FATHER)
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown (MOTHER)
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Harold C. Gnau
(b) Address 4203 Hartford St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) AUG 3 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th. year 1942 hour 10:30 AM minute ___ M.

21. I hereby certify that I attended the deceased from May 1942 to July 29 1942 that I last saw her alive on July 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with mitral regurgitation (from compensated) — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Acute exacerbation of a chronic pneumonitis

Major findings of operations

Of autopsy

PHYSICIAN — Underline the cause to 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

23. Signature A. D. Drake (M.D. or other)
Address 4901 Easton Ave Date signed 7/25/42

(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 Francis A Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.