

FILED SEP 18 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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:  
4777 Milentz Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4777 Milentz Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Charles J. Gerau

3. (b) If veteran, name war No

3. (c) Social Security No. \*\*\*

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Married 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 28 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 8 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Gerau  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Gerau  
(b) Address 4777 Milentz  
17. (a) Burial (b) Date thereof 9/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Moyall  
(b) Address 1926 Allen Ave.

19. (a) SEP 4 1942 (b) J. F. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3  
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the decease of from June 1, 42  
\_\_\_\_\_ 19 \_\_\_\_\_ to Sept 3, 42  
\_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on Sept 3, 42  
and that death occurred on the date and hour stated above.  
Immediate cause of death Valvular heart disease & coronary atheroma  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No

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) \_\_\_\_\_  
(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?  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Clay Allen (M. D. or other)  
Address 5912 S. Kingshighway Date signed 9/4/42

Mr. E. C. Allen  
5912 S. Rungas Highway  
Hv 522077

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John B. Moydell  
Licensed Embalmer No. 1467  
P. O. Address 1926 Allen av

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.