

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2539**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **214**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Bonfils**
(If outside city or town limits, write "RURAL")
(d) Street No. **Nat. Bridge & St. Charles Rds.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Oliver Gereau**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W 2**
6. (b) Name of husband or wife **Annie M.** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Aug. 19 1883**
(Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Montgomery City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance-man**

11. Industry or business **West Lake Park**

MOTHER FATHER
12. Name **John H. Gereau**
13. Birthplace **Montgomery City Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Maria Worland**
15. Birthplace **Montgomery City Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Gereau**
(b) Address **Florissant, Mo. R#3**

17. (a) **Burial** (b) Date thereof **1-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fee Fee Cemetery**

18. (a) Signature of funeral director **Blannin Bros. Inc.**
(b) Address **2504-Woodson Rd-Overland-14-Mo.**

19. (a) **JAN 9 1948** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **9**
year **1948** hour **2** minute **00 A.** M.
21. I hereby certify that I attended the deceased from **11-28-**
1948 to **1-9-** **1948**
that I last saw him alive on **1-8-** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia**
Due to **Hypertensive Cardiovascular Disease**
Duration **3 days**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **Ray E. Haeberle** (M. D. or other) _____
Address **2438 Woodson Rd** Date signed **1-9-48**

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

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 Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overland 14 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.