

REC'D APR 8 1938

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

12095  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis

(b) Township

(c) City Richmond Heights

(e) Length of residence in city or town where death occurred

Registration District No. 784Primary Registration District No. 111(d) Street No. St. Mary's Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds. (g) yrs. mos. ds.

Registered No. 604

## 2. PRINT FULL NAME

Della Harbin Daues 200(a) Residence, No. 37 Ridgemoor Drive

(Usual place of abode, if no street address, write county or city)

St. Clayton, Mo.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Charles H. Daues6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1885-2-17

7. AGE

YEARS

53

MONTHS

1

DAYS

14

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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)

Puxico, Mo.

FATHER

13. NAME

?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

?

MOTHER

15. MAIDEN NAME

?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

?17. INFORMANT Charles H. Daues,  
(ADDRESS) 37 Ridgemoor Drive

18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE 4/4/3819. FUNERAL DIRECTOR Robert J. Ambruster(ADDRESS) Clayton Rd at Concordia Lane20. FILED 4-2

1938

FR Meyer

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 19 38

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1937, to April 1, 19 38  
I first saw her alive on April 1, 19 38 Death is saidto have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Primary Bronchogenic Carcinoma of right lung July 1937

Date of onset

Other contributory causes of importance: 47

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray exam. 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

(Signed) St. Louis Schuchat, M. D.(Address) 2200 Chouteau Ave.

STATEMENT BY LICENSED EMBALMER

I, Edward J. Bockhorst, Licensed Embalmer No. 2502

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 Edward J. Bockhorst

Licensed Embalmer No. 2502

**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.)**