

REC'D APR 8 1938

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

12105

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis

(b) Township

(c) City University City(d) Street No. 826 Pennsylvania

(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.

Registration District No. 784Primary Registration District No. 115Registered No. 451

2. PRINT FULL NAME

Carl Ausbeck 212(a) Residence, No. 826 Pennsylvania Ave.St.

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mildred Ausbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 30, 1893

7. AGE

YEARS

45

MONTHS

1

DAYS

6

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Vice-Pres.

9. Industry or business in which work was done, as saw mill, bank, etc.

Abilene Flour Mills.

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)

Louisville, Kentucky.

FATHER

13. NAME

Gustav Ausbeck

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

Germany.

MOTHER

15. MAIDEN NAME

Unknown Melcher

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

Illinois.

17. INFORMANT (ADDRESS)

Mildred Ausbeck
826 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE Mar. 11, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Drehermann-Haral
1905 Union Bldg.20. FILED 3-11

1938

T.R. Meyer, M.D., P.H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct 16, 1937, to March 8, 1938I last saw him alive on March 2, 1938 Death is saidto have occurred on the date stated above, at 2 P. m.

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

acute dilatation of
heart9583

Date of onset

7-8-38

Other contributory causes of importance:

Cardiac ArteriosclerosisArrhythmia Cordis

Name of operation

none

Date of

What test confirmed diagnosis? Auscultation 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) Thos. O. Owen, M. D.(Address) Missouri Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12806

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

Warren A. Carrer

Licensed Embalmer No. 3534

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.)