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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26742

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6638

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: 7203 MINNESOTA AV
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME THERESA GAUDING

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife AUGUST

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN. (Month) 30 (Day) 1872 (Year)

8. AGE: Years 68 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name FRANK NACK.
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Gauding
(b) Address 3804 ST. LOUIS, AV

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 (Month) 6 (Day) 40 (Year)
(c) Place: burial or cremation CALVERY CEM.

18. (a) Signature of funeral director Jos. G. Fendler Jr
(b) Address 7128 Michigan, Ca

19. (a) AUG 4 1940 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State OMO (b) County

(c) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7203 MINNESOTA.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 3
year 1940 hour 7 minute 20 P M.

21. I hereby certify that I attended the deceased from Aug 2, 1940, to Aug 3, 1940;
that I last saw her alive on Aug 2, 1940;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Degenerative Myocarditis | 2 yrs |
| Due to Schizophrenia with Deterioration | 10 yrs? |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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)
(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 S. A. Nester (M. D. or other)
Address 439 Bates Date signed 8/4/40

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 782 Tamay

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**