V. S. No. 2
OM—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 285

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 843

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: Lutheran Hospital D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24

(c) City or town St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 3152 Iowa D (If rural, give location)

(e) Citizen of ~~foreign country~~ this Country? Yes (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otto Gaudard

3. (b) If veteran, name war No!

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 16 (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Baren (City, town, or county) 5 Switzerland (State or foreign country)

10. Usual occupation Paper Cleaner

11. Industry or business

FATHER
12. Name Franz Gaudard
13. Birthplace (City, town, or county) 5 Switzerland (State or foreign country)

MOTHER
14. Maiden name Lena
15. Birthplace (City, town, or county) 5 Switzerland (State or foreign country)

16. (a) Informant Mrs E. Wilhelm

(b) Address 320 So. Virginia

17. (a) Burial (Burial, cremation, or removal) Belleville Ill (b) Date thereof 1-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Witt Bros Lt U Co.

(b) Address 2929 S. Jefferson Ave

19. (a) JAN 27 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1942 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan. 25 '42. 6 a.m. 1942 to Jan. 25 1942 that I last saw him alive on Jan. 25 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death RUPTURED ANEURYSM OF ABDOMINAL AORTA	0
Due to ARTERIOSCLEROSIS. Undetermined as to Syphilis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

96

Major findings:
Of operations

Of autopsy As above.

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 Dr Lux H. Bock D (M. D. or other)

Address 3151 S. Grand Date signed 1/28/42

844 (Licensed Embalmer's Statement on Reverse Side) Lux. H. Bock

HP

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

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.