

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19576

State File No.

Registrar's No.

5721

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

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

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

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006

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

(d) Street No. 4012 Flora Place
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elizabeth Christine Gauen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Francis F. Gauen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 6, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Smithton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown Klotz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Huber

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Larna Gauen
(b) Address 4012 Flora Place

17. (a) Burial (b) Date thereof July 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Illinois

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) JUL 5 1942 (b) J. F. Brudeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1942 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 25 to July 4, 1942
that I last saw her alive on July 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 wks

Due to Chronic myocardial degeneration

Due to Deceased suffered from myocarditis for years

Other conditions for years
(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? _____

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature Ranusbaum (M. D. or other) _____
Address 3651 Grand St. Date signed 7-4-42

Dr. A.M. Frank
36.51. Grand Square

1-3

Pa. 0229x

Pa. 0610

Mr. Nussbaum
322 So. Hanley

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

E. W. Hays

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.