

FILED DEC 21 1945

318

Primary Registration District No.

1003

State File No.

Registrar's No.

10827

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3821 a North Broadway/  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 years  
years, months or days

3. (a) PRINT FULL NAME JOHANA DAUSCH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Dausch (Deceased) 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased March 2nd 1851  
(Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Dausch  
(b) Address 3821 a North Broadway

17. (a) Burial (b) Date thereof 12-14-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's  
(b) Address 3934 North 20th street

19. (a) DEC 12 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3821 a North Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11  
year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 17  
1940 to Dec 11 1945  
that I last saw her alive on Dec 11 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Interstitial nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) no  
(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) (c) Means of injury \_\_\_\_\_

23. Signature D. A. Phoyton (M. D. or other) \_\_\_\_\_  
Address 31214 Grand Date signed 12-12

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

506L - 7 1950

**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..... *Tenneth Wm Jones*.....  
Licensed Embalmer No. *4224*.....  
P. O. Address..... *3423 Clara*.....

**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.**