

S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36379**
 Registrar's No. **9508**

FILED OCT 24 1947
 318
 Registration District No. _____
 Primary Registration District No. **1003**

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Oliver Charles Washausen

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-03-7061

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 61 years
Katherine F. Washausen

7. Birth date of deceased October 28, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	11	14	hr. _____ min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Reliable Life Ins. Co.

MOTHER FATHER { 12. Name August Washausen

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

14. Maiden name Susan Senwald

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Washausen
 (b) Address 4641 Kennerly Ave.

17. (a) burial (b) Date thereof 10/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address 1905 Union Blvd.

19. (a) OCT 14 1947 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4641 Kennerly Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
 year 1947 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from October 1,
 19 47 to October 12, 19 47
 that I last saw h. im alive on October 12, 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic endocarditis and myocarditis.

Due to.....
52
Carcinoma of bladder and left kidney.

Other conditions Carcinoma of bladder
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of bladder and left kidney.

Of operations.....
Primary site in kidney

Of autopsy.....

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) Means of injury.....

23. Signature J. F. Brueck (M. D. or other) MD
 Address 2807 N. Grand Ave. Date signed 10/13/47

(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..... *Albert R. Thompson Jr*
Licensed Embalmer No. *4237*
P. O. Address..... *H. J. J. J.*

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.