

No. 2  
-12-45  
-17-39  
X47070

State File No.

FILED JAN 10 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2758

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6101 Wyma Avenue.  
(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 William J. Gau.

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Ida Gau.  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased August 30, 1873.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 1 hr. min.

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

10. Usual occupation Watchman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jacob Gau.

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

14. Maiden name Dont know.

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

16. (a) Informant Mrs. Bertha I. Gau.

(b) Address 6405 Suburban Avenue.

17. (a) Burial (b) Date thereof 1-3-1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
(b) Address 5966-68 Easton Avenue.

19. (a) 1-2-48 (b) Geuley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6405 Suburban Avenue.  
(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 31st.  
year 1947 hour 10.30 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 46 to the 31, 1947  
that I last saw him alive on the 31, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 46

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None  
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 Jan  
(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 Geo. L. Pleitsch (M. D. or other) MO  
Address 6425 Belmont Date signed \_\_\_\_\_

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

Dr. Pierce J. Reilly  
6125a Bartmer Avenue.  
Hours 10 to 11 A.M.  
Telephone Cabany 5187

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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 Clement McHenry

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.