S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10742

State File No.

FILED APR 3 1948 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2827

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

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: St. Louis City Hospital- MaxC. Starkloff Memorial
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0 00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3532 a Grace 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH TAUS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 19th (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	2	hr. min.

9. Birthplace Bohemia (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Anna Druss
(b) Address 1729 a So 7th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director Warden Hilderle
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bareck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1948 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from 3/19/48, 19, to March 21st, 1948 that I last saw him alive on March 21st, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	4 day
Due to: Coronary Occlusion	
Due to:	22
Other conditions (Include pregnancy within 3 months of death): Cerebral Thrombosis	94
Major findings: Of operations	7 yr
Of autopsy None	

PHYSICIAN

Underline the cause of 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 Joseph C. Belden M.D. (M. D. or other)
Address 1515 Lafayette 3/22/48 Date signed

Jefferson City Printing Co.

(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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.