FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22216

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 760

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1011 Felix St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, St.
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 Felix St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frieda Marie Berta Gausche
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Gausche
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 19 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	59	3	25	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
FATHER
12. Name Rudolph Nurnberger
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Maria Nicht
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ernest Gausche
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 7-17-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from seen only after death 7-14-48 to 8:45 A.M., 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
massive myocardial infarction?	15 minutes?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) none known	

Major findings:
Of operations no operation
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 Lucien H. Tobin M.D. (M.D. or other)
Address 825 Charles St. St. Joseph, Mo. Date signed 7-15-48

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.....Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Jo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.