

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28864

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1997

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	
c. LENGTH OF STAY (In this place) <u>1/2 hour</u>		d. STREET ADDRESS (If rural, give location) <u>125 E. Etta</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>L.</u> c. (Last) <u>GAUER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1896</u>	
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George Gauer</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Richter</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <u>Yes World-War I</u>		16. SOCIAL SECURITY NO. <u>497-01-8363</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>	
				ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION, POSTERIOR</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i>		DUE TO (b) <u>ARTERIOSCLEROSIS, CORONARY ARTERIES, SEVERE</u>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>ARTERIOSCLEROSIS, GENERALIZED</u>		<u>1901</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----	

22. I hereby certify that I attended the deceased from Aug. 17, 1949, to Aug. 17, 1949, that I last saw the deceased alive on Aug. 17, 1949, and that death occurred at 6:23 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Stilwell</u> (Degree or title) <u>L. E. Stilwell, M.D. Chf. Prof. Services Vet. Adm. Hosp. Jeff. Bks. Mo.</u>		23b. ADDRESS <u>Jefferson Barracks, Mo.</u>		23c. DATE SIGNED <u>8/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Hoffmeister</u> ADDRESS <u>U&amp;L Co. St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-18-49</u>		REGISTRAR'S SIGNATURE <u>Richard R. ...</u>			

LE-87

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.