

FILED OCT 5 1950  
#114609

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31656  
Registrar's No. 7919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY CITY *St. Louis*

b. CITY OR TOWN (If outside corporate limits, write BURAL and give township) *St. Louis*

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *St. Louis City Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE *Missouri* b. COUNTY CITY *St. Louis*

c. CITY OR TOWN (If outside corporate limits, write BURAL and give township) *St. Louis* 2169

d. STREET ADDRESS (If rural, give location) *10 3047 Gravois* 0

3. NAME OF DECEASED  
a. (First) *Roger* b. (Middle) *A.* c. (Last) *Gausmann*

4. DATE OF DEATH (Month) (Day) (Year)  
*9 17 1950*

5. SEX *M*

6. COLOR OR RACE *W*

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
*Never married*

8. DATE OF BIRTH  
*Mar. 19, 1885*

9. AGE (In years last birthday) *65*  
IF UNDER 1 YEAR: Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Bartender*

10b. KIND OF BUSINESS OR INDUSTRY  
*---*

11. BIRTHPLACE (State or foreign country)  
*St. Louis, Missouri*

12. CITIZEN OF WHAT COUNTRY?  
*USA*

13a. FATHER'S NAME  
*Henry Gausmann*

13b. MOTHER'S MAIDEN NAME  
*Mary Schoen*

14. NAME OF HUSBAND OR WIFE  
*-----*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
*No*

16. SOCIAL SECURITY NO.  
*---*

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
*Frank Gausmann, -3647 Gravois*

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *Carcinoma of Larynx*

INTERVAL BETWEEN ONSET AND DEATH  
*7 mos.*

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
*Hit*

22. I hereby certify that I attended the deceased from *Sept. 4, 1950*, to *Sept. 17, 1950*; that I last saw the deceased alive on *Sept 17, 1950*, and that death occurred at *8:20 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
*Joseph Warren West, M.D.*

23b. ADDRESS  
*1515 Lafayette St. Louis, Mo*

23c. DATE SIGNED  
*9/19/50*

24a. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24b. DATE  
*9/20/50*

24c. NAME OF CEMETERY OR CREMATORY  
*New Picker Cemetery*

24d. LOCATION (City, town, or county) (State)  
*St. Louis Missouri*

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
*SEP 19 1950*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
*Wacker-Welder 3634 Gravois*

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

8

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank J. O'Connell Sr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2675*

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.**