

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

318

State File No. 2478

247

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		4234			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospt				d. STREET ADDRESS (If rural, give location) 9619 Midland Ave				1	
3. NAME OF DECEASED (Type or Print)		a. (First) Nick		b. (Middle) Dousch		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 5 1861		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) New Haven Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Christi Dousch			13b. MOTHER'S MAIDEN NAME Christiane Borchting			14. NAME OF HUSBAND OR WIFE Emma Dausch Dec			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS August Walter, 9619 Midland					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Branches of pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Fracture Legr Hip</i>		20 days			
				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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Overland - St. Louis - Mo.</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 19 1950 2:00</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Felony Fall, to 903</i>					
22. I hereby certify that I attended the deceased from <i>Dec 20</i> , 1950, to <i>Jan 9</i> , 1951, that I last saw the deceased alive on <i>Jan 8</i> , 1951, and that death occurred at <i>2 A.M.</i> , from the causes and on the date stated above. <i>21</i>									
22a. SIGNATURE <i>Reg. A. Wagner Mo.</i>				(Degree or title)		23b. ADDRESS <i>6617 Bunch - St. Louis - Mo.</i>		23c. DATE SIGNED <i>Jan 9-1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 11 1951		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. JAN 10 1951		REGISTRAR'S SIGNATURE <i>A. Wagner</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Alfred J. Bredelke

Signed

Student Embalmer

Licensed Embalmer No. *2663*

P. O. Address *1125 Holman*

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.