No. 300
10.48

MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9974

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2263

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL 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
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2139
d. STREET ADDRESS (If rural, give location) 4937a Magnolia

3. NAME OF DECEASED (Type or Print)
a. (First) Mildred
b. (Middle) Olive
c. (Last) Gauch

4. DATE OF DEATH (Month) March (Day) 9 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 4, 1907
9. AGE (In years last birthday) 45 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Hancock Co., Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Sam A. Faulkner
13b. MOTHER'S MAIDEN NAME Ollie Williams
14. NAME OF HUSBAND OR WIFE Edward C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Edward C. Gauch **ADDRESS** 4937a Magnolia

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

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

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Hypertension — 4 yrs.

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? 44 2X

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 3-9, 19 52 *that I last saw the deceased alive on* 3-6, 19 52 *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE William W. Farley M.D. (Degree or title)
23b. ADDRESS 3108 So. Grand
23c. DATE SIGNED 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-9-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Quincy, Ill. (State)

DATE REC'D BY LOCAL REG. MAR 10 1952
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington Blvd.

(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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.