

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22025

BIRTH NO. _____ REG. DIST. NO. **818** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5177**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
c. LENGTH OF STAY (in this place) Township) 2 1/2 Weeks		d. STREET ADDRESS (If rural, give location) 16 3536a Pestalozzi Avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) O		c. (Last) Gauen		4. DATE OF DEATH (Month) (Day) (Year) June 6 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Jan. 3, 1881		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 5 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Medical		11. BIRTHPLACE (State or foreign country) Waterloo, Ills.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Francis F. Gauen		13b. MOTHER'S MAIDEN NAME Elizabeth Christine Klotz Edna Osthaus		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Gauen 3536a Pestalozzi Ave	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES			5 days
DUE TO (b) Hypertension		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Unknown
DUE TO (c) Cerebral Hemorrhage		II. OTHER SIGNIFICANT CONDITIONS			12 days
		Conditions contributing to the death but not related to the disease or condition causing death. Emphysema			4 years
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.)		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? 3.31X	

22. I hereby certify that I attended the deceased from May 1, 1952, to June 6, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Hugh R. Smith, M.D.		(Degree or title)		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 6-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE June 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. JUN 6 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis Av.	
---	--	---	--	--	--

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

Dr. Hugh R. Smith
University Club Bldg
Hrs 1 - 4

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 _____

Max L. Wayfel

Licensed Embalmer No. _____

4170

P. O. Address _____

1936 St Louis Ave

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.