S. No. 300
v. 10.48

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

FILED NOV 13 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36287

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9938

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
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 #1

**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
d. STREET ADDRESS (If rural, give location): 4121 Peck Ave

**3. NAME OF DECEASED** (Type or Print)
a. (First): CORA
b. (Middle):
c. (Last): DAUSCH

**4. DATE OF DEATH** (Month) (Day) (Year): OCT. 27, 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: July 18 1869
**9. AGE** (In years last birthday): 83 — If under 1 year: Months / Days — If under 1 day: 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**: Own Home
**11. BIRTHPLACE** (City and State or Foreign Country): Germany
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Andrew Stumpf
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF ~~HUSBAND~~ OR WIFE**: Louis Dausch

**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Unda Reichwein — ADDRESS: 4121 Peck

**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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cerebral Arteriosclerosis

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?**: 334X

*22. I hereby certify that I attended the deceased from* 10-23-52, *19*____, *to* 10-27-52, *19*____, *that I last saw the deceased alive on* 10-27-52, *19*____, *and that death occurred at* 11:11A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John McWallace M D
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 10-27-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Oct 30 52
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill
**24d. LOCATION** (City, town, or county) (State): St. Louis Cty Mo.

DATE REC'D BY LOCAL REG.: OCT 29 1952
REGISTRAR'S SIGNATURE: F Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: E.J.Schnur 3125 Lafayette
(Licensed Embalmer's Statement on Reverse Side)

## 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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.