No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41655

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500 Registrar's No. 2955

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walmut Manor
c. LENGTH OF STAY (In this place): 15 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5309 Jennings Road, 20

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walmut Manor T140
d. STREET ADDRESS (If rural, give location): 5309 Jennings Road, 20,

3. NAME OF DECEASED (Type or Print)
a. (First): MATHILDA
b. (Middle): M.
c. (Last): GAUSMANN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13th, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 9, 1882
9. AGE (In years last birthday): 71
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): Shoeworker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country): Mt. Olive, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Berhhardt Gausmann
13b. MOTHER'S MAIDEN NAME: Louise Meyer
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Louise Gausmann, 5309 Jennings Rd.,

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) Veterinary Ca Rt Breast — INTERVAL BETWEEN ONSET AND DEATH: 5-16-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis Carcinoma — 2-53
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: 5/16/50
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA RT. BREAST 170A
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?

22. I hereby certify that I attended the deceased from 4/1, 19 46, to 11/13, 19 53, that I last saw the deceased alive on 11/14, 19 53, and that death occurred at 7:25A m., from the causes and on the date stated above.

23a. SIGNATURE: Aurt Leibod (Degree or title) DO
23b. ADDRESS: 5329 Riverview
23c. DATE SIGNED: 11/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/53
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: 11/16/53
REGISTRAR'S SIGNATURE: Herbert B. Stonkenn
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: CALVIN F. FEUTZ FUNERAL HOME, INC., 4828 Natural Bridge Blvd., St. Louis, 15, Mo.
(Licensed Embalmer's Statement on Reverse Side)

Mu. 0808

10:00 AM to 12:00 Noon
(Saturday Sure)

File in St. Louis County.

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 Ralph C. Lindsay

Licensed Embalmer No. 4275

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.