WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25499

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7084

City St Louis (No. 5915 Washington Blvd St. ..... Ward)

2. FULL NAME Louis E (Warhauer) Washauer

(a) Residence. No. 5915 Washington 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14 1856

7. AGE: 71 YEARS | MONTHS: 6 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods
(c) Name of employer: Rice Stix Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mirr

PARENTS

10. NAME OF FATHER: Aaron Washauer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown Pretzfelder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bavaria

14. INFORMANT: Arthur Warhauer
(Address) 6311 Clemens

15. FILED AUG -5 1927 19 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Aug 4, 1927, that I last saw him alive on Aug 4, 1927, and that death occurred, on the date stated above, at 10 55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Myocarditis Chronic
59
94
95C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Herman M. Meyer, M. D
Aug 4, 1927 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Sinai
DATE OF BURIAL: Aug. 5 1927

20. UNDERTAKER: H Rindskopf
ADDRESS: 5216 Delmar