

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

Do not use this space.

35521

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo (No. Barnes Hospital) St. .... Ward)

File No. 40793  
 Registered No. ....

**2. FULL NAME** THE N. HAUS, ELIZABETH M.

(a) Residence. No. Gerald, Mo. St. 17 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 August Shenbauer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 7 26 = min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Buford, Mo.

10. NAME OF FATHER Herman Nalle

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Leslie, Mo.

12. MAIDEN NAME OF MOTHER Lurie Netter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Buford, Mo.

14. INFORMANT Bertha Talley  
 (Address) 3439 St. Francis

15. FILED May 6 1928 Starckoff  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-18, 1928, to 10-27, 1928 that I last saw h.c.r. alive on 10-27, 1928, and that death occurred, on the date stated above, at 11:50 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1330P pneumonia - Rt. & Lt. 93C1

(duration) yrs. mos. da.

CONTRIBUTORY no credit, chr.  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 908  
 IF NOT AT PLACE OF DEATH?.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-25-28  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation  
 (Signed) non-resident, M. D.  
 , 19 (Address) 600 S. Kings Highway

\*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 Gerald, Mo. DATE OF BURIAL 10/30/1928  
 ADDRESS

20. UNDERTAKER F. Y. Lane Gerald, Mo.

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.

