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

Do not use this space.

8644

File No.

Registered No. 2315

1. PLACE OF DEATH

County

Township

City ST. Louis Mo. (No. 5718 Etzel Ave St. Ward)

Registration District No. 7911

Primary Registration District No.

2. FULL NAME Annie E Gaus

(a) Residence. No. 5718 Etzel Ave. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix Gaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	1	26	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Jacob DE Wain

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. A. Brae
(Address) 5718 Etzel Ave.

15. FEB 20 1929 Filed. 19 Chas C Stockley Jr Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1928, to Feb. 17, 1929, that I last saw her alive on Feb. 17 1929, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhages and chr. myocarditis.
93C
82A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis.
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Francis J. Cancelosa M. D.
Feb. 19, 1929 (Address) 1237 N. Taylor Av.

*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 St Peter & Paul — DATE OF BURIAL Feb 21 1929

20. UNDERTAKER Louis J Finney — ADDRESS 1515 95 Grand

235
10
9
31

Carefree
12-37 N Taylor