

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

Do not use this space.

13970

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. 1021 Isadore St.)

File No. _____

Registered No. 554

St. _____ Ward _____

2. FULL NAME

Gustav Adolph Tauchmann

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? 30 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

Lena Tauchmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1, 1846

7. AGE

YEARS 82

MONTHS 8

DAYS 24

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Unknown

14.

INFORMANT. Mrs. Lena Tauchmann

(Address) 1021 Isadore St.

15.

FILED

John G. [Signature]
REGISTRAR

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25, 1929 19

17.

I HEREBY CERTIFY, That I attended deceased from 4/25, 1929, to 4/25, 1929, that I last saw h. im. alive on 4-25, 1929, and that death occurred, on the date stated above, at 8.20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute throat dilatation

CONTRIBUTORY (SECONDARY)

acute indigestion (duration) yrs. mos. ds. Indefinite

18. WHEN 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) L. C. Bauman, M. D.

477 107 (Address) Lucas Bldg. or 700 Mo

*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

Ashland Cemetery

DATE OF BURIAL

Apr. 27, 1929

20. UNDERTAKER

Walter Meinhoffer 1302 Faraon St.

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.

Miss
290
10
31
31

APR 27 1929

