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.

23018

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6461

City ST LOUIS (No. Lutheran Hospital St. ..... Ward)

**2. FULL NAME** MRS. ELVA HAUSER

(a) Residence. No. 4240A FLAD St., 17 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 | WIDOWED |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-29-1880

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | 4 | 9 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HWFE. 2[illegible]

(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) Mo

PARENTS

10. NAME OF FATHER Americus Shanks.

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Marie Braun
(Address) 4240A Flad

15. FILED 20 1931 Max C Hardy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) JUNE 8 1931

17. I HEREBY CERTIFY, That I attended deceased from FEB 1, 1931, to JUNE 8, 1931 that I last saw her alive on JUNE 8, 1931, and that death occurred, on the date stated above, at 1.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

SHOCK-FOLLOWING MASTOID-ECTOMY 89B 59

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) MASTOIDITIS - DIABETES MELLITUS (duration) ..... yrs. 5 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 59

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? YES DATE OF JUNE 6TH 1931

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? CLINICAL

(Signed) [signature], M.D.

, 19 (Address) DICKMANN BLDG

Amanda Fries

*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 Bethania Cemetery DATE OF BURIAL 6-11 1931

20. UNDERTAKER McLaughlin ADDRESS 1631 Mo ave