

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

Do not use this space.

2719

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (No. City Hospital)

File No.....

Registered No. 417

St. Ward.....

2. FULL NAME

(a) Residence, No. 6026 Minnesota Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reinhold Gaus.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Dietrich

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

MOTHER 15. MAIDEN NAME Frances Stark

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

17. INFORMANT (ADDRESS) City Hospital, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE. St. Matthews DATE Jan 16 32

19. UNDERTAKER (ADDRESS) St. Matthews

20. FILED Jan 13 1932

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1932, to Jan 13th 1932
I last saw her alive on Jan 13th 1932. Death is said to have occurred on the date stated above, at 8:53 am

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Other contributory causes of importance: 936

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Raymond H. Jacobs, M. D.
(Address) City Hospital

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.

Yarus.