

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.

OCT 29 1932

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

Do not use this space.

30323

1. PLACE OF DEATH
 County St. Louis Registration District No. 1-123 E
 Township Carondelet Primary Registration District No. 2-18
 City St. Louis (No. 9805) St. Union Ward 1
 File No. _____
 Registered No. 316
 St. _____ Ward _____

2. FULL NAME Infant Gausman
 (a) Residence, No. 9805 Union St., _____ Ward. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. Stated

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stated

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) St. Louis County, Mo

FATHER 13. NAME Frank Gausman

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

MOTHER 15. MAIDEN NAME Stella Rock

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

17. INFORMANT Frank Gausman (ADDRESS) 9805 Union

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 21 1932

19. UNDERTAKER (ADDRESS) W. J. O'Brien 6330 Grand Blvd

20. FILED Sept 20 1932 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 PM m.

The principal cause of death and related causes of importance were as follows:
Under developed
quadruplets
(Twin) (Still born)
 Date of onset _____

Other contributory causes of importance:
158 158
5

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No.
 If so, specify _____
 (Signed) John O'Connell, M. D.
 (Address) Coroner of St. Louis County

