

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

Do not use this space.

18426

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo. (No. 4527 N. Papin) St. 18 Ward St. Louis Mo.

File No.....
 Registered No. 4681
 St. Ward

2. FULL NAME

Louis Gnauch
 (a) Residence, No. 4527 N. Papin St., 18 Ward, St. Louis Mo.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Louisa Gnauch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-3-1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>4</u>	DAYS <u>24</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Saloon keeper</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>George Gnauch</u>	<u>9</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Lillie Marquis</u> <u>4475 N. Cape Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nathalia Cemetery</u> <u>5-29-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Louis H. Bopp</u> <u>Hickwood Mo</u>		
20. FILED 19..... <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1933

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1933, to May 26, 1933

I last saw him alive on May 26, 1933. Death is said

to have occurred on the date stated above, at 1:00 A. M.

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

Chronic Myocarditis - 3 yrs

Other contributory causes of importance:

none

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) J. H. Simon, M. D.

(Address) 4000 Shoups Ave.
St. Louis Mo

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.

WHITE COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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